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Policy and Procedure Memoranda

POLICY AND PROCEDURE MEMORANDA

Office of the Governor Division of Administration

Printing Procedures—PPM Number 64
(LAC 4:V.Chapter 27)

Title 4 ADMINISTRATION

Part V. Policy and Procedure Memoranda

Chapter 27. Printing Procedures—PPM Number 64

Subchapter A. Introduction

§2701. General Applicability; Effective Date

A. This Policy and Procedure Memorandum rescinds, supersedes, and cancels revised Policy and Procedure Memorandum Number 64 dated July 1988. This memorandum also cancels all previous delegation of authority, delegated under R.S. 43:1(B)(2), and special exemption previously granted prior to August 2015, for any printing under R.S. 43:31(A).

B. The provisions of this Policy and Procedure Memorandum Number 64 shall take effect with the approval of the Commissioner of Administration, on August 1, 2015.

AUTHORITY NOTE: Promulgated in accordance with R.S. 43:31(A).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 14:429 (July 1988), amended LR 41:000 (May 2015).

Subchapter B. R.S. 43:1—Purchase of Printing and Engraving; Central Purchasing; Louisiana Procurement Code; Power and Authority of Chief Information Officer

§2703. Provisions

A. All administrative boards, commissions, departments, agencies, institutions, and offices within the executive branch of the state government shall purchase all printing and printing services through the Division of Administration, Office of State Printing, hereafter referred to simply as State Printing. This provision, however, shall not apply to Louisiana State University and Agricultural and Mechanical College, the Department of Transportation and Development, the port authorities of the state, the legislature, the Office of State Bond Commission in the Department of the Treasury, or the judiciary. All procurement of such printing and printing services for the executive departments of state government shall be done under, and in accordance with, the provisions of the *Louisiana Procurement Code*.

B. In order to carry out the duties and functions imposed upon him by this Chapter, in conjunction with the *Louisiana Procurement Code*, the chief information officer shall have the power and authority:

1. to consult, review, and make recommendations with regard to all printing requirements in order that the best and most economical methods may be employed, and to delegate authority for the same to competent authority;

2. to delegate the purchase of printing to any instrumentality covered by this Chapter whenever, in his

written opinion, the best interests of the state will be served thereby; and

3. to use any and all powers and authority granted to him by law or otherwise delegated to him by competent authority.

C. All requirements for printing and printing services shall be submitted directly by the agency to the Office of State Printing and shall not be handled at the agency level through printing vendors or their representatives. All printing requests shall be forwarded to the Office of State Printing for processing, except that:

1. Agencies whose requests for printing include one or more products or items not offered by State Printing may be required to submit to the State Chief Information Officer an exemption request, in writing, from their respective undersecretary or his or her designee; and

2. If State Printing determines that the procurement or production cost of a special printing request may exceed \$25,000, State Printing may return the requisition to the submitting agency for forwarding to and processing by the Office of State Procurement in accordance with the *Louisiana Procurement Code*; and

3. If State Printing notifies an agency in writing that State Printing is unable to process an individual printing request, for any reason, the agency should forward to State Procurement that request and associated notice

4. At all times and in all cases, the right is reserved for the State Chief Information Officer and his or her designee to approve for processing at the agency level, in accordance with all laws, rules and regulations, and executive orders, any request for printing or printing services. The dollar level at which this delegation will occur shall be described in writing by the State Chief Information Officer.

- a. The right shall be reserved for all state boards, commissions, departments, institutions, and offices to obtain any printing, mimeographing, copying, and similar work from a printing facility owned and managed by their respective board, commission, department, institution, or office.

D. Requests for Printing

1. All requests for printing shall be submitted to the Office of State Printing on a Form DA 200 (Printing Requisition), which form will be made available to agencies on the State Printing or OTS websites, or upon request to State Printing, in hard copy format, via fax, or via email. Agencies may request common types of printed materials with similar specifications on the same DA 200, but agencies should not combine different types of printed materials on the same DA 200. Examples of types of printing include, but are not limited to:

- a. books (any size, any binding type);
- b. business cards;
- c. brochures;
- d. carbonless forms;
- e. flat printing;
- f. post cards;
- g. rack cards.

2. Each request for printing must be accompanied by complete specifications (size, color, and kind of paper, construction, numbering information, etc.) and, if possible, one or two original sample(s) or clean layouts. A copy of a sample or a reference to a previous order only may not be sufficient. When possible, agencies should reference a previous State Printing job number for re-prints.

a. No executives, officers, officials, etc. shall have their individual names imprinted on the printed material, unless required by law or granted special exemption.

3. When preparing a DA 200 for submission to State Printing, agencies must reference their Customer Account Number (provided by State Printing on request), whenever possible.

E. Delegation of Authority

1. The State Chief Information Officer may delegate the purchase of printing to any instrumentality whenever the best interests of the state will be served.

2. Where unusual problems are encountered and an agency considers additional delegated authority necessary, an application for this authority may be submitted to the State Chief Information Officer, or his designated representative; however, application for such exceptions must be in writing and must present detailed information in support of the request.

3. Authority is delegated to all agencies covered by this act to purchase printed materials in the following circumstances, without prior approval by the State Chief Information Officer:

a. Agencies have unlimited authority to purchase publications such as textbooks, newspapers, subscription, or foreign publications only when purchased directly from the publisher of those publications. All files must have documentation that the furnishing contractor is the publisher.

b. Agencies may purchase within their designated purchasing authority, and in accordance with proper procurement procedures, the following types of items:

- i. blueprints;
- ii. plaques, name plates, award pins, etc. (Class 080);
- iii. imprinted novelty and promotional items such as pencils, caps, balloons, pot holders, key chains, etc. (Class 080);
- iv. stock item labels: these are pre-printed stock items which are inventoried by suppliers; not custom printed;
- v. standard sizes of computer and other blank paper that are stock items.

4. All purchases, whether made by the Division or by an agency under the delegated authority provision, shall be made in compliance with R.S. 43 and the *Louisiana Procurement Code*.

AUTHORITY NOTE: Promulgated in accordance with R.S. 43:1.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 14:429 (July 1988), amended LR 41:000 (May 2015).

Subchapter C. Suspension

§2705. R.S. 43:31—Printed Matter Prohibitions;

Uniform Standards; Election Material

A.1. No branch, department, agency, official, employee, or other entity of state government for which a budget has been approved, and for which an appropriation has been

made or a transfer of funds effected pursuant to law, shall print or cause to be printed any bulletin, leaflet, Christmas card, personalized memorandum stationery, or other similar communication, house organ, circular, book, report or similar publication, except those required by law.

2. All printed matter so required shall be effected in a uniform manner as to basic content, size, quality of paper, and use of color as contained in standards to be established by the Division of Administration, the legislative budgetary control council, and the judicial budgetary control council. The Division of Administration, legislative budgetary control council, and the judicial budgetary control council shall be empowered to make such exceptions affecting their respective branch of government to the provisions of this Subsection as may be in the best interest of the state of Louisiana.

3. In addition, the provisions of this Subsection shall not be construed to prohibit the printing or publication of any printed matter required by any federal law or regulation in order that the state or any department or agency thereof may obtain or receive federal funds, grants, or assistance. The provisions of this Section shall apply to printed matter printed pursuant to any such federal law or regulation to the extent that this Section does not conflict with any such law or regulation.

B. Agencies seeking to print public documents not required by state or federal law must send copies, facsimiles, or descriptions of these documents, with a detailed justification of the need for printing and distributing these documents, to their respective undersecretaries. This requirement does not apply to business and transactional forms, letterhead and letterhead stationery, internal memoranda, imprinted envelopes, etc.

C. Public document printing requests that pass the undersecretary's screening process shall be sent to Division of Administration, Office of State Printing, Post Office Box 94095, Baton Rouge, LA 70804-9095, along with a signed copy of the Public Document Printing Request Form (see Exhibit A) or comparable form, for review and forwarding to the Commissioner of Administration, or his or her designee, for approval.

D. When submitting a public document printing request to the Office of State Printing, the following information shall be included on the requisition:

1. the federal or state law that requires the agency to print this material; or
2. documentation of a special exception or exemption issued by the Division of Administration.

AUTHORITY NOTE: Promulgated in accordance with R.S. 43:31.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 14:431 (July 1988), amended LR 41:000 (May 2015).

§2707. Uniform Standards

A.1. All printed matter, except documentation in connection with proceedings of the executive, legislative, and judicial branches of state government, printed or caused to be printed by any branch, department, agency, official, employee, or other entity of state government, shall contain the following statement, with required information inserted, printed on the publication adjacent to the identification of the agency responsible for publication.

This public document was published at a total cost of \$. (Number) copies of this public document were published in this (number) printing at a cost of \$. The total cost of all printing of this document including reprint is \$. This document was published by (name and address of person, firm or corporation or agency which printed the material) to (statement of purpose) under authority of (citation of law requiring publication or of special exception by Division of Administration, the legislative budgetary control council, or the judicial budgetary control council as provided in Subchapter C, Section 2705.A.). This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31.

2. If the printing of the material was not done by a state agency, the above statement shall include the following additional language.

Printing of this material was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statutes.

3. This statement shall be printed in the same size type as the body copy of the document and shall be set in a box composed of a one-point rule. The provisions of this Subsection shall not apply to printed matter used by the following entities: the Department of Commerce for the purpose of attracting new industry to locate within the state of Louisiana; the Office of Tourism of the Department of Culture, Recreation and Tourism, relative to new promotional materials; and public colleges and universities, and vocational technical schools. The following three factors shall be utilized in computing cost data:

- a. preparation of the public document for publication;
- b. printing, including all expenditures for reproduction, whether on bid or in-house;
- c. circulation, including all estimated expenditures for postage and distribution of the public document.

B. Printed Matter

1. All printed matter referred to in Subsection A is assumed by the Division of Administration to refer to types of printing material described in R.S. 43:31(A).

2. The required cost statement may be placed on the title page of books. On leaflets, brochures and other publications, it should be placed below the agency name. Preparation of the cost statement is detailed below.

This public document is published at a total cost of \$ _____. _____ copies of this public document (a) (b) were published in this _____ printing at a cost of \$ _____. The total cost of all printings of this document, (c) (d) including reprints is \$ _____. This document was published by _____ to _____ (e) (f) (g) under authority of _____. This material was printed in accordance with standards for printing by state (h) agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statutes.

a. this figure should reflect a total of the three factors listed in R.S. 43:31(c):

- i. preparation cost of the public document for publication;
- ii. printing cost, including all expenditures for reproduction, whether acquired through bid or in-house;

iii. circulation cost, including all estimated expenditures for postage and distribution of the public document;

b. number of copies agency is printing in this issue;
c. number of times exact document has been published (first, third, or tenth, etc.);

d. this figure should reflect only the printing cost for this printing;

e. this figure should include a total of all factors set forth in R.S. 43:31(c) for all printings. (If this is the first printing, the figures for (a) and (c) should be the same. If this is a reprint, then this figure should include the total cost for all publications from the beginning. Example: total of first, second and third printing). A reprint would be a publication that is reprinted with no changes. Publications that are printed yearly, with changes, would not be considered a reprint;

f. printing company name and address (or Office of State Printing, Post Office Box 94095, Baton Rouge, Louisiana 70804-9095), then agency's name and address;

g. the reason for publishing this document;

h. the law that authorized the printing of the document, or, absent such a state or federal law, the following language: "under special exception by the Division of Administration";

i. to be used if not printed in-house by state agency.

C. The cost statement shall be set in same size type as the body copy and shall be set in a box composed of a one-point rule.

D. The Division of Administration assumes that the intent of the Legislature was not to increase either administrative or printing costs with the passage of R.S. 43:31; therefore, in computing cost data, estimated costs may be used. The estimated costs should include:

1. an estimated portion of the salaries of agency personnel involved in preparing document;
2. printing costs given by printer, whether in-house, or by State Printing;
3. estimated postage or freight for distribution.

AUTHORITY NOTE: Promulgated in accordance with R.S. 43:31.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 14:431 (July 1988), amended LR 41:000 (May 2015).

§2709. Election Material

A. No funds appropriated for printing purposes, or otherwise, shall be used to urge any elector to vote for or against any candidate or proposition on an election ballot, nor shall such funds be used to lobby for or against any proposition or matter having the effect of law being considered by the legislature or any local governing authority. This provision shall not prevent the normal dissemination of factual information relative to a proposition on any election ballot or a proposition or matter having the effect of being considered by the legislature of any local governing authority.

AUTHORITY NOTE: Promulgated in accordance with R.S. 43:31.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 14:431 (July 1988), amended LR 41:000 (May 2015).

§2711. Violations

A. Any administrative head of any branch, department, agency, or entity who violates any provision of this Section and any employee who, without the authorization of his administrative supervisor, violates any provision of this Section shall be personally liable for the cost of any printing in violation of this Section. Any state funds expended on any printing in violation of this Section may be recovered by the state in a civil action instituted by the attorney general or any taxpayer. In addition, any such person who violated the provisions of this Section shall be assessed a fine by the court of not more than \$500.

AUTHORITY NOTE: Promulgated in accordance with R.S. 43:31.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 14:431 (July 1988), amended LR 41:000 (May 2015).

Subchapter E. Distribution

§2715. Distribution of Printed Matter (R.S. 43:32)

A. Except for interagency distribution and distribution otherwise required by law, no state department, agency, or other instrumentality of state government shall distribute any printed materials in excess of 10 pages in length, unless the availability of such printed materials has been announced by written notice stating the title or subject matter of the printed material, and that such materials shall be mailed upon receipt of a written request therefor. Such written notice may be mailed to the names on the regular mailing list and to any others deemed by the department, agency, or other instrumentality of state government to be interested parties.

B. The provisions of this Section shall not apply to the distribution of printed material by any public college or university to potential students for recruitment purposes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 43:31 (A) (2).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 14:432 (July 1988), LR 41:000 (May 2015).

§2719. Requests for Information

A. All requests for information shall be directed to Division of Administration, Office of State Procurement, Post Office Box 94095, Baton Rouge, LA 70804-9095. Questions regarding specifications, deliveries, and other matters pertaining to printing jobs shall be submitted directly by the agency to the Division of Administration, Office of State Printing, and shall not be handled by the agency through representatives or vendors.

EXHIBIT A EXAMPLE PUBLIC DOCUMENT PRINTING REQUEST FORM

Name _____ of _____ Agency _____

Mailing _____ Address _____

Quantity: _____

Estimated Amount \$ _____

Description of Public Document(s): _____

Size: _____

Number of pages and/or folds: _____

Paper* Cover: _____

Text: _____

Ink* Cover: _____

Text: _____

Binding: _____

Give a brief statement of why this publication needs to be printed.

I hereby certify that the above public document(s) is (are) essential to the fulfillment of the programs approved for this agency by the Appropriation Act and that funds are available to print this (these) document(s).

I am, therefore, requesting an exception as provided for in R.S. 43:31(A).

/S/ Department Undersecretary or Undersecretary's Designee

AUTHORITY NOTE: Promulgated in accordance with R.S. 43:33.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 14:433 (July 1988), amended LR 41:000 (May 2015).

Kristy Nichols
Commissioner

1505#020

Emergency Rules

DECLARATION OF EMERGENCY

Department of Agriculture and Forestry Office of Agricultural and Environmental Sciences

Horticulture and Quarantine Programs Emerald Ash Borer Quarantine (LAC 7:XV.167)

In accordance with the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B), and the authority of the state entomologist pursuant to R.S. 3:1652, and in order to avoid a lapse in coverage until a permanent rule is in effect, notice is hereby given that Department of Agriculture and Forestry is adopting these emergency regulations establishing a quarantine for the following pest: emerald ash borer (“EAB”), *Agrilus planipennis* Fairmaire. The state entomologist has determined that EAB has been found in this state and may be prevented, controlled, or eradicated by quarantine.

EAB poses an imminent peril to the health and welfare of Louisiana forests, commercial and private forestry/wood product industries, and nursery growers due to its ability to infest ash trees. In 2013, the wholesale value of woody ornamental sales for nursery growers in the state was \$62.6 million, a portion of which is comprised of sales of ash trees (Louisiana State University AgCenter 2013 Louisiana Summary, Agriculture and Natural Resources). Louisiana’s forests and forestry/wood products industries generated an output industry production value of \$10.86 billion in 2012, a portion of which is comprised of ash trees and ash tree products (Louisiana State University AgCenter publication 3367-G, 2015). Sales of ash firewood by retail and wholesale suppliers to private individuals also are important to the state’s economy.

Natural spread of EAB is limited to relatively short distances. However, without restriction, EAB can spread through human-assisted means over long distances via infested ash nursery stock, ash logs/timber and cut firewood. Once an ash tree is infested, it experiences twig dieback and tree decline. Tree death occurs within a few years. Failure to prevent, control, or eradicate this pest threatens to damage Louisiana’s commercial ash tree nursery industry, and over time this pest poses a threat to destroy the majority of ash in our state, both commercial and residential. The loss of the state’s commercial nursery-grown ash trees, forestry/wood ash products and even residential ash trees would be devastating to the state’s economy and to its private citizens. The quarantine established by this emergency regulation is necessary to prevent the spread of EAB to all areas in Louisiana where ash may exist, outside of the current areas where this pest has been found.

For these reasons, the presence of EAB in Louisiana presents an imminent peril to the health, safety and welfare of Louisiana’s citizens and forests, the state’s commercial and private forestry/wood product industries, and nursery growers. As a result of this imminent peril, the Department of Agriculture and Forestry, Office of Forestry and Office of

Agricultural and Environmental Sciences, hereby exercises its full and plenary power pursuant to R.S. 3:1652 to deal with crop and fruit pests and contagious and infectious crop and fruit diseases by imposing the quarantines set out in these emergency regulations.

This Rule shall have the force and effect of law five days after its promulgation in the official journal of the state and will remain in effect 120 days, unless renewed by the commissioner of agriculture and forestry or until permanent rules are promulgated in accordance with law.

Title 7

AGRICULTURE AND ANIMALS

Part XV. Plant Protection and Quarantine

Chapter 1. Crop Pests and Diseases

Subchapter F. Emerald Ash Borer Quarantine

§167. Emerald Ash Borer Quarantine

A. The department issues the following quarantine because the state entomologist has determined that the insect Emerald Ash Borer (“EAB”), *Agrilus planipennis*, has been found in this state and may be prevented, controlled, or eradicated by quarantine.

B. Quarantined areas in this state include:

1. The entire parish of Webster.
2. A declaration of quarantine for EAB covering any other specific parishes or areas of this state shall be published in the official journal of the state and in the Louisiana Register.

C. No regulated articles as defined in this Subsection shall be moved out of any area of this state that is listed in this subsection as a quarantined area for EAB, except as provided in this subsection.

D. The following articles are hosts of EAB and are deemed to be regulated articles for purposes of this subsection:

1. The emerald ash borer in all of its life stages; firewood of all hardwood (non-coniferous) species; nursery stock, green lumber, and other material living, dead, cut, or fallen, including logs, stumps, roots, branches, and composted and uncomposted chips of the genus *Fraxinus*.

2. Any other article, product, or means of conveyance not listed in paragraph 4(a) of this section may be designated as a regulated article if an inspector determines that it presents a risk of spreading emerald ash borer and notifies the person in possession of the article, product, or means of conveyance that it is subject to the restrictions of the regulations.

E. Regulated articles may be moved from quarantined areas to non-quarantined areas within or outside of Louisiana only if moved under the following conditions:

1. The regulated articles being moved are accompanied by a certificate or limited permit issued by LDAF and attached in accordance with the EAB federal requirements.

2. The regulated articles being moved are not accompanied by a certificate or limited permit but are being moved by the United States Department of Agriculture for experimental or scientific purposes;

3. The regulated articles being moved are not accompanied by a certificate or limited permit but originated outside of any EAB quarantined area and are moved interstate through the quarantined area under the following conditions:

a. The points of origin and destination are indicated on a waybill accompanying the regulated article; and

b. The regulated article, if moved through the quarantined area, is moved in an enclosed vehicle or is completely covered to prevent access by the EAB; and

c. The regulated article is moved directly through the quarantined area without stopping (except for refueling or for traffic conditions, such as traffic lights or stop signs), or has been stored, packed, or handled at locations approved by an inspector as not posing a risk of infestation by emerald ash borer; and

d. The article has not been combined or commingled with other articles so as to lose its individual identity.

F. Persons or businesses engaged in growing, handling, or moving regulated articles intrastate may enter into a compliance agreement with LDAF if such persons or businesses review with an LDAF inspector each provision of the compliance agreement. Any person or business who enters into a compliance agreement with LDAF must agree to comply with the provisions of this subpart and any conditions imposed under this subpart.

1. Any compliance agreement may be canceled orally or in writing by an inspector whenever the inspector determines that the person who has entered into the compliance agreement has not complied with this subpart or any conditions imposed under this subpart. If the cancellation is oral, the cancellation will become effective immediately, and the cancellation and the reasons for the cancellation will be confirmed in writing as soon as circumstances permit. Any person whose compliance agreement has been canceled may appeal the decision in writing to LDAF within 10 days after receiving the written cancellation notice. The appeal must state all of the facts and reasons that the person wants LDAF to consider in deciding the appeal. A hearing may be held to resolve a conflict as to any material fact. Rules of practice for the hearing will be adopted by LDAF. As soon as practicable, LDAF will grant or deny the appeal, in writing, stating the reasons for the decision.

G. Any person violating this quarantine shall be subject to imposition of the remedies and penalties set forth in R.S. 3:1653.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1652, 3:1653.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Office of Agricultural and Environmental Sciences, LR 41:

Mike Strain DVM
Commissioner

1505#062

DECLARATION OF EMERGENCY

Board of Elementary and Secondary Education

Bulletin 111—The Louisiana School, District, and State Accountability System (LAC 28:LXXXIII.301)

The Board of Elementary and Secondary Education (BESE) has exercised the emergency provision in accordance with R.S. 49:953(B), the Administrative Procedure Act, and R.S. 17.6 to amend LAC 28:LXXXIII, *Bulletin 111—The Louisiana School, District, and State Accountability System*: §301, School Performance Score Goal. This Declaration of Emergency, effective April 15, 2015, will remain in effect for a period of 120 days or until finally adopted as a Rule.

The revisions modify the calculation of high school progress points in the Louisiana school and district performance school formula and allow either the current or proposed calculation, whichever is higher, to be used in 2014-15 calculation of performance scores.

A delay in promulgating these rules would result in the inability to apply the revised formula to the fall 2015 school and district performance score release, as requested by local districts.

Title 28 EDUCATION

Part LXXXIII. Bulletin 111—The Louisiana School, District, and State Accountability System Chapter 3. School Performance Score Component §301. School Performance Score Goal

A. - C. ...

D. Progress Points

1. The school performance score will also be affected by the progress points earned from growth calculated for the non-proficient student subgroup (i.e., super subgroup).

2. To be eligible for K-8 progress points, the school must have:

a. at least 10 students in the non-proficient subgroup, as identified for subgroup membership based on prior year assessment scores only (i.e. students may be proficient or non-proficient in the current year) in ELA or mathematics; and

b. more than 50 percent (i.e. 50.001+) of the students in the non-proficient subgroup exceed their expected score, as determined by the value-added model for students in grades K-8;

c. if Subparagraphs 2.a and 2.b are met, then the number and the percent of students will be multiplied by 0.1, and the higher of the two products will be used to assign progress points. For students who earn an unsatisfactory on LEAP or iLEAP, the multiplier will be 0.1. For students who earn an approaching basic on LEAP or iLEAP in the prior year, the multiplier will be 0.05.

3. To be eligible for high school progress points in 2014-2015 (2015 SPS), the school shall meet either (a) or (b), whichever is greater in total:

a. at least 10 students in the non-proficient subgroup, as identified for subgroup membership based on the most recent of the two previous years' state assessment scores in ELA or mathematics and a minimum of 30 percent of the students in the non-proficient subgroup score at the top of the expected score range or higher, as determined by the ACT series. If both conditions are met, then the number and the percent of students will be multiplied by 0.1, and the higher of the two products will be used to assign progress points:

i. for students who earned an unsatisfactory on LEAP or iLEAP or needs improvement on end-of-course tests in prior year(s), the multiplier will be 0.2;

ii. for students who earned an approaching basic on LEAP or iLEAP or a fair on end-of-course tests in prior year(s), the multiplier will be 0.1;

iii. schools can earn a maximum of 10 progress points to be added to the SPS;

NOTE: EXPLORE predicts PLAN and PLAN predicts ACT. As an example, if EXPLORE predicted a student would score between 17 and 19 on the PLAN, the student must score a 19 or higher in order to potentially earn progress points for the school.

b. at least 10 students in the non-proficient subgroup, as identified for subgroup membership based on the most recent of the two previous years' state assessment scores in ELA or mathematics and more than 50 percent (i.e. 50.001+) of the students in any one of the four non-proficient subgroups (ELA EXPLORE to PLAN, ELA PLAN to ACT, math EXPLORE to PLAN, math PLAN to ACT) score above the median of the expected score range or higher, as determined by the ACT series. If both conditions are met, then the number and the percent of students will be multiplied by 0.1, and the higher of the two products will be used to assign progress points:

i. for students who earned an unsatisfactory on LEAP or iLEAP or needs improvement on end-of-course tests in prior year(s), the multiplier will be 0.1;

ii. for students who earned an approaching basic on LEAP or iLEAP or a fair on end-of-course tests in prior year(s), the multiplier will be 0.05;

iii. schools can earn a maximum of 10 progress points to be added to the SPS;

NOTE: EXPLORE predicts PLAN and PLAN predicts ACT. As an example, if EXPLORE predicted a student would score between 15 and 19 on the PLAN, the student must score a 18 or higher (median is 17) in order to potentially earn progress points for the school.

c. beginning in 2015-2016 (2016 SPS), only schools earning progress points through 3.b shall be applicable:

i. for combination schools that include both middle and high school grades (e.g., 6-12), the progress points shall be calculated by adding the points earned from each test group together. For sums that are greater than 10, a maximum of 10 points will be awarded.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2737 (December 2003), amended LR 31:1512 (July 2005), LR 32:1017 (June 2006), LR 32:2034, 2035 (November 2006), LR 33:424 (March 2007), LR 33:2349 (November 2007), LR 33:2593 (December 2007), LR 34:430 (March 2008), LR 35:639 (April 2009), LR 36:1987 (September 2010), LR 38:3105 (December 2012), LR 39:305

(February 2013), LR 39:1421 (June 2013), LR 39:2441 (September 2013), LR 40:1313 (July 2014), LR 40:2507 (December 2014), LR 41:

Charles E. "Chas" Roemer, IV
President

1505#001

DECLARATION OF EMERGENCY

Board of Elementary and Secondary Education

Bulletin 741—Louisiana Handbook for School Administrators (LAC 28:CV.2318 and 2319)

The Board of Elementary and Secondary Education (BESE) has exercised the emergency provision in accordance with R.S. 49:953(B), the Administrative Procedure Act, and R.S. 17.6 to amend LAC 28:CV, *Bulletin 741—Louisiana Handbook for School Administrators*: §2318, The TOPS University Diploma; and §2319, The Career Diploma. This Declaration of Emergency, effective April 15, 2015, will remain in effect for a period of 120 days or until finally adopted as a Rule.

These revisions include an adjustment to the student population permitted to factor End of Course test scores as 5 percent of the final course grade. Previously, this provision only applied to students eligible for the Louisiana Alternate Assessment, Level 2 (LAA 2). Since the LAA 2 has been eliminated, the provision will now apply to students who meet the Act 833 (2014) eligibility criteria.

Freshman entering high school in 2014-2015 may no longer participate in the LAA 2, therefore, a policy referencing LAA 2 participation criteria is not applicable to them. A delay in promulgating these rules would create a lapse of one year in the transition from the previous eligibility criteria to the new eligibility criteria for these students.

Title 28 EDUCATION

Part CXV. Bulletin 741—Louisiana Handbook for School Administrators

Chapter 23. Curriculum and Instruction §2318. The TOPS University Diploma

A. - B.2.b. ...

3. Students enrolled in a course for which there is an EOC test must take the EOC test.

a. The EOC test score shall count a percentage of the student's final grade for the course.

b. The percentage shall be between 15 percent and 30 percent inclusive, and shall be determined by the LEA.

i. For students with disabilities identified under IDEA who meet the participation criteria found in *Bulletin 1530—Louisiana's IEP Handbook for Students with Exceptionalities*: §405.B and R.S. 17:183.2, the EOC test score shall count for 5 percent of the students' final grade for the course.

c. The grades assigned for the EOC test achievement levels shall be as follows.

EOC Achievement Level	Grade
Excellent	A
Good	B

EOC Achievement Level	Grade
Fair	C
Needs Improvement	D or F

d. The DOE will provide conversion charts for various grading scales used by LEAs.

B.4. - C.6.vi. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7, R.S. 17:24.4, R.S. 17:183.2, and R.S. 17:395.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1291 (June 2005), amended LR 31:2211 (September 2005), LR 31:3070 (December 2005), LR 31:3072 (December 2005), LR 32:1414 (August 2006), LR 33:429 (March 2007), LR 33:432 (March 2007), LR 33:2050 (October 2007), LR 33:2354 (November 2007), LR 33:2601 (December 2007), LR 34:1607 (August 2008), LR 36:1486 (July 2010), LR 37:547 (February 2011), LR 37:1128 (April 2011), LR 37:2129 (July 2011), LR 37:2132 (July 2011), LR 37:3193 (November 2011), LR 38:754, 761 (March 2012), LR 38:1001 (April 2012), LR 38:1584 (July 2012), LR 40:994 (May 2014), LR 40:1328 (July 2014), LR 40:1679 (September 2014), LR 40:2525 (December 2014), LR 41:

§2319. The Career Diploma

A. Curriculum and Entrance Requirements

1. The 23 units required for the career diploma shall include academic credits and a sequence of seven credits in career and technical education for incoming freshmen prior to 2014-2015 or participation in approved training programs that lead to an approved industry-based credential for incoming freshmen in 2014-15 and beyond.

2. Students with exceptionalities assessed on the regular academic content standards who meet certain requirements may attain a career diploma by meeting the requirements of their IEP. See *Bulletin 1530—Louisiana's IEP Handbook for Students with Exceptionalities*. Students with exceptionalities assessed on the alternate academic content standards may attain a career diploma by meeting the requirements in §2320 of this bulletin.

B. - B.2.b. ...

3. Students enrolled in a course for which there is an EOC test must take the EOC test.

a. The EOC test score shall count a percentage of the student's final grade for the course.

b. The percentage shall be between 15 percent and 30 percent inclusive, and shall be determined by the LEA.

i. For students with disabilities identified under IDEA who meet the participation criteria found in *Bulletin 1530—Louisiana's IEP Handbook for Students with Exceptionalities*: §405.B and R.S. 17:183.2 the EOC test score shall count for 5 percent of the students' final grade for the course.

c. The grades assigned for the EOC test achievement levels shall be as follows.

EOC Achievement Level	Grade
Excellent	A
Good	B
Fair	C
Needs Improvement	D or F

d. The DOE will provide conversion charts for various grading scales used by LEAs.

B.4. - C.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7, R.S. 17:24.4, R.S. 17:183.2, R.S. 17:183.3, R.S. 17:274, R.S. 17:274.1, and R.S. 17:395.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1291 (June 2005), amended LR 31:2211 (September 2005), LR 31:3070 (December 2005), LR 31:3072 (December 2005), LR 32:1414 (August 2006), LR 33:429 (March 2007), LR 33:432 (March 2007), LR 33:2050 (October 2007), LR 33:2354 (November 2007), LR 33:2601 (December 2007), LR 34:1607 (August 2008), LR 35:1230 (July 2009), LR 35:1876 (September 2009), LR 35:2321 (November 2009), LR 35:2750 (December 2009), LR 36:1490 (July 2010), LR 37:548 (February 2011), LR 37:1130 (April 2011), LR 37:2130 (July 2011), LR 37:3197 (November 2011), LR 38:761 (March 2012), LR 38:1005 (April 2012), LR 40:2522 (December 2014), LR 41:

Charles E. "Chas" Roemer, IV
President

1505#002

DECLARATION OF EMERGENCY

Office of the Governor Board of Pardons Committee on Parole

Ameliorative Penalty Consideration (LAC 22:XI.Chapter 8)

The Committee on Parole is exercising the emergency provisions of the Administrative Procedure Act [R.S.49:953(B)] to amend its rules of LAC 22:XI.802, 807 and to promulgate rules of LAC 22:XI.809. This rulemaking provides for notification to the victim and prosecuting district attorney that an application has been docketed for ameliorative penalty consideration by a parole panel; provides for written input by the victim and prosecuting district attorney into the ameliorative penalty consideration process. In LAC 22:XI.809, the rules provide that upon receipt of a recommendation for ameliorative review consideration from the Committee on Parole, the procedure for such consideration shall follow the procedures outlined in LAC 22:V.211.

A delay in promulgation of the rules would have an adverse impact on victims of offenders who are eligible for ameliorative penalty consideration in accordance with Act 340 of the 2014 Regular Legislative Session.

The Board of Pardons has determined that the adoption of an Emergency Rule is necessary and hereby provides notice of its Declaration of Emergency effective on April 14, 2015 in accordance with R.S. 49:953. This Emergency Rule shall be in effect for 120 days or until adoption of the final Rule, whichever occurs first.

Title 22
CORRECTIONS, CRIMINAL JUSTICE AND LAW
ENFORCEMENT

Part XI. Committee on Parole

Chapter 8. Ameliorative Penalty Consideration

§802 Victim and District Attorney Notification

A. The victim and district attorney shall be invited to provide written input into the ameliorative penalty consideration process.

B. The committee shall ensure victims registered with the Crime Victims Services Bureau of the department receive written notification of the date and time an offender is docketed for review by a parole panel. A copy of the letter to the victim shall also be sent to the prosecuting district attorney. Such notice shall be made no less than 30 days prior to the scheduled docket date for administrative review.

C. In any case where there is no registered victim, the prosecuting district attorney shall be provided notice as set forth above.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., and R.S. 15:540 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Board of Pardons, Committee on Parole, LR 41:

§807. Victim Notification

A. The committee shall ensure victims registered with the Crime Victims Services Bureau of the department receive written notification of the date and time an offender is docketed for review by a parole panel. Such notice shall be made no less than 30 days prior to the scheduled docket date.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., and R.S. 15:540 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Board of Pardons, Committee on Parole, LR 41:46 (January 2015), repromulgated LR 41:

§809. Consideration by the Board of Pardons

A. Upon receipt of a recommendation for ameliorative review consideration from the Committee on Parole, the Board of Pardons shall notify the offender in writing of the requirement to place advertisement in the official journal of the parish where the offense occurred. The ad must state: "I, (applicant's name), (DOC number), have applied for ameliorative penalty consideration for my conviction of (crime). If you have any contacts, contact the Board of Pardons (225) 342-5421."

B. The applicant shall provide the Board office with proof of advertisement within 60 days from the date of notice that a hearing has been granted.

C. After receipt of the clemency investigation from the appropriate probation and parole district and any other documents requested by the board, the board shall set the matter for public hearing.

D. The procedure for hearings conducted for the purpose of ameliorative penalty consideration shall follow the procedures outlined in LAC, Part V, Chapter 2, §2II, and Board Policy 02-209, "Hearings Before the Board of Pardons."

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., and R.S. 15:540 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Board of Pardons, Committee on Parole, LR 41:

Sheryl M. Ranatza
Board Chair

1505#003

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Disproportionate Share Hospital Payments
Louisiana Low-Income Academic Hospitals
(LAC 50:V.Chapter 31)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.Chapter 31 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated Emergency Rules which amended the provisions governing disproportionate share hospital (DSH) payments to hospitals participating in public-private partnerships in the south and north Louisiana areas (*Louisiana Register*, Volume 39, Numbers 7 and 10). As a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' disapproval of the corresponding State Plan Amendments, the department determined that it was necessary to repeal the provisions of the July 6, 2013 and October 1, 2013 Emergency Rules governing DSH payments to the hospitals participating in the south and north Louisiana area public-private partnerships.

The department promulgated an Emergency Rule which amended the provisions governing DSH payments in order to establish payments to Louisiana Low-Income Academic Hospitals (*Louisiana Register*, Volume 40, Number 6). The department subsequently promulgated an Emergency Rule which amended the provisions of the May 24, 2014 Emergency Rule to clarify the provisions governing the payment methodology to Louisiana Low-Income Academic Hospitals (*Louisiana Register*, Volume 40, Number 9). This Emergency Rule is being promulgated to continue the provisions of the September 20, 2014 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services.

Effective May 20, 2015 the Department of Health and Hospitals, Bureau of Health Services Financing amends the

provisions governing DSH payments to Low-Income Academic Hospitals.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 3. Disproportionate Share Hospital Payments

Chapter 31. Louisiana Low-Income Academic

Hospitals

§3101. Qualifying Criteria

A. Hospitals Located Outside of the Lake Charles Metropolitan Statistical Area

1. Effective for dates of service on or after May 24, 2014, a hospital may qualify for this category by:

a. being a private acute care general hospital that is located outside of the Lake Charles metropolitan statistical area (MSA);

b. having uninsured patient utilization, as measured by allowable uninsured inpatient and outpatient charges, greater than 20 percent. Qualification shall be based on uninsured utilization data per the prior state fiscal year date of service time period; and

c. maintaining at least 15 unweighted intern and resident full-time equivalent positions, as reported on the Medicare Cost Report Worksheet E-4, line 6.

B. Hospitals Located In the Lake Charles Metropolitan Statistical Area

1. Effective for dates of service on or after May 24, 2014, a hospital may qualify for this category by:

a. being a private acute care general hospital that is located in the Lake Charles MSA;

b. having uninsured patient utilization, as measured by allowable uninsured inpatient and outpatient charges, greater than 10 percent. To determine qualification in state fiscal year 2014, the first six month dates of service time period (July 1, 2013 through December 31, 2013) shall be used. In subsequent state fiscal years, qualification shall be based on uninsured utilization data per the prior state fiscal year date of service time period; and

c. maintaining at least 20 unweighted intern and resident full-time equivalent positions, as reported on the Medicare Cost Report Worksheet E-4, line 6.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§3103. Payment Methodology

A. Each qualifying hospital shall be paid DSH adjustment payments equal to 100 percent of allowable hospital specific uncompensated care costs subject to the Appropriations Act. DSH payments to qualifying hospitals shall not exceed the disproportionate share limits as defined in Section 1923(g)(1) (A) of the Social Security Act for the state fiscal year to which the payment is applicable.

B. Payment Calculation

1. For the initial year's payment calculation, each qualifying hospital shall submit interim actual cost data calculated utilizing Medicaid allowable cost report principles, along with actual Medicaid and uninsured patient charge data.

Annual Medicaid costs shortfalls and unreimbursed uninsured patient costs are determined based on review and analysis of these submissions.

2. For subsequent year's payment calculations, the most recent Medicaid filed cost report along with actual Medicaid and uninsured patient charge data annualized from the most recent calendar year completed quarter is utilized to calculate hospital specific uncompensated care costs.

C. The department shall review cost data, charge data, lengths of stay and Medicaid claims data per the Medicaid Management and Information Systems (MMIS) for reasonableness before payments are made.

D. The first payment of each fiscal year will be made by October 15 and will be 80 percent of the annual calculated uncompensated care costs. The remainder of the payment will be made by June 30 of each year.

1. Reconciliation of these payments to actual hospital specific uncompensated care costs will be made when the cost report(s) covering the actual dates of service from the state fiscal year are filed and reviewed.

2. Additional payments or recoupments, as needed, shall be made after the finalization of the Centers for Medicare and Medicaid Services (CMS) mandated DSH audit for the state fiscal year.

E. No payment under this Section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#032

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Home Health Program
Rehabilitation Services
Reimbursement Rate Increase
(LAC 50:XIII.Chapter 9)

The Department of Health and Hospitals, Bureau of Health Services Financing repeals the provisions of the June 20, 1997, May 20, 2001, and the May 20, 2004 Rules governing rehabilitation services and adopts LAC 50:XIII.Chapter 9 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides Medicaid

reimbursement for rehabilitation services covered in the Home Health Program. In compliance with a court order from the *Melanie Chisholm, et al vs. Kathy Kliebert* class action litigation, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing rehabilitation services covered under the Home Health Program in order to increase the reimbursement rates for physical and occupational therapy services for recipients under the age of 21, and to discontinue the automatic enhanced rate adjustment for these services (Louisiana Register, Volume 40, Number 2). This Emergency Rule also repealed the June 20, 1997, May 20, 2001, and the May 20, 2004 Rules governing rehabilitation services covered in the Home Health Program, and revised and repromulgated the provisions in a codified format for inclusion in the Louisiana Administrative Code. This Emergency Rule is being promulgated to continue the provisions of the February 13, 2014 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by ensuring continued access to therapy services in the Home Health Program.

Effective June 12, 2015, the department amends the provisions governing the Home Health Program in order to increase the reimbursement rates for physical and occupational therapy services provided to recipients under the age of 21, and to discontinue the automatic enhanced rate adjustment for these services.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XIII. Home Health

Subpart 1. Home Health Services

Chapter 9. Rehabilitation Services

§901. General Provisions

A. The Medicaid Program provides coverage for rehabilitation services rendered in the Home Health Program. Home Health rehabilitation services include:

1. physical therapy;
2. occupational therapy; and
3. speech/language therapy.

B. All home health rehabilitation services must be medically necessary and prior authorized.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§903. Reserved.

§905. Reimbursement Methodology

A. The Medicaid Program provides reimbursement for physical therapy, occupational therapy and speech/language therapy covered under the Home Health Program.

B. Effective for dates of service on or after February 13, 2014, reimbursement for physical and occupational therapy services shall be 85 percent of the 2013 Medicare published rate. There shall be no automatic enhanced rate adjustment for physical and occupational therapy services.

C. Speech/language therapy services shall continue to be reimbursed at the flat fee in place as of February 13, 2014 and in accordance with the Medicaid published fee schedule

for speech/language therapy services provided in the Home Health Program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#033

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Inpatient Hospital Services
Children's Specialty Hospitals
Supplemental Payments for New Orleans Area Hospitals
LAC 50:V.969)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.969 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' disapproval of the state plan amendment for the financing of the transition of the management and operation of certain children's specialty hospitals from state-owned and operated to private partners, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which adopted a supplemental payment methodology for inpatient hospital services rendered by children's specialty hospitals in the New Orleans area (Louisiana Register, Volume 41, Number 2). This Emergency Rule is being promulgated to continue the provisions of the February 12, 2015 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation and continued access to inpatient hospital services through the maximization of federal dollars.

Effective June 13, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions governing supplemental payments for inpatient hospital services rendered by children's specialty hospitals in the New Orleans area.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 9. Non-Rural, Non-State Hospitals
Subchapter B. Reimbursement Methodology
§969. Supplemental Payments to Children's Specialty Hospitals in the New Orleans Area

A. Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for inpatient hospital services rendered in a hospital in the New Orleans area that meets the following qualifying criteria per the as filed cost report ending in state fiscal year 2014:

1. classified by Medicare as a specialty children's hospital;
2. has a least 100 full-time equivalent interns and residents;
3. has least 70 percent Medicaid inpatient days' utilization rate;
4. has at least 25,000 Medicaid inpatient days; and
5. has a distinct part psychiatric unit.

B. Supplemental payments for inpatient hospital services will be paid quarterly up to the hospital specific upper payment limit (the difference between Medicaid inpatient charges and Medicaid inpatient payments). The payments to the qualifying hospital(s) shall not exceed:

1. the annual Medicaid hospital specific inpatient charges per 42 CFR 447.271;
2. the annual aggregate inpatient hospital upper payment limit for the classification of hospitals per 42 CFR 442.272; and
3. the budgeted state fiscal year supplemental payment amount included in the Annual Appropriation Act as allocated to this specific program in the budget spread pursuant to the department's reimbursement methodology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#035

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Non-Rural, Non-State Hospitals
Children's Specialty Hospitals Reimbursements
(LAC 50:V.967)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.967 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

Due to a budgetary shortfall in SFY 2013, the Department of Health and Hospitals, Bureau of Health Services Financing, amended the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals, including children's specialty hospitals (*Louisiana Register*, Volume 40, Number 2).

The department subsequently promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals to revise the reimbursement methodology and establish outlier payment provisions (*Louisiana Register*, Volume 40, Number 10). This Emergency Rule is being promulgated to continue the provisions of the October 4, 2014 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining access to neonatal and pediatric intensive care unit services and encouraging the continued participation of hospitals in the Medicaid Program.

Effective June 3, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospitals
Chapter 9. Non-Rural, Non-State Hospitals
Subchapter B. Reimbursement Methodology
§967. Children's Specialty Hospitals

A. Routine Pediatric Inpatient Services. For dates of service on or after October 4, 2014, payment shall be made per a prospective per diem rate that is 81.1 percent of the routine pediatric inpatient cost per day as calculated per the "as filed" fiscal year end cost report ending during SFY

2014. The “as filed” cost report will be reviewed by the department for accuracy prior to determination of the final per diem rate.

1. Repealed.

B. Inpatient Psychiatric Services. For dates of service on or after October 4, 2014, payment shall be a prospective per diem rate that is 100 percent of the distinct part psychiatric cost per day as calculated per the as filed fiscal year end cost report ending during SFY 2014. The as filed cost report will be reviewed by the department for accuracy prior to determination of the final per diem rate.

1. Repealed.

C. Carve-Out Specialty Services. These services are rendered by neonatal intensive care units, pediatric intensive care units, burn units and include transplants.

1. Transplants. Payment shall be the lesser of costs or the per diem limitation for each type of transplant. The base period per diem limitation amounts shall be calculated using the allowable inpatient cost per day for each type of transplant per the cost reporting period which ended in SFY 2009. The target rate shall be inflated using the update factors published by the Centers for Medicare and Medicaid (CMS) beginning with the cost reporting periods starting on or after January 1, 2010.

a. For dates of service on or after September 1, 2009, payment shall be the lesser of the allowable inpatient costs as determined by the cost report or the Medicaid days for the period for each type of transplant multiplied times the per diem limitation for the period.

2. Neonatal Intensive Care Units, Pediatric Intensive Care Units, and Burn Units. For dates of service on or after October 4, 2014, payment for neonatal intensive care units, pediatric intensive care units, and burn units shall be made per prospective per diem rates that are 84.5 percent of the cost per day for each service as calculated per the “as filed” fiscal year end cost report ending during SFY 2014. The “as filed” cost report will be reviewed by the department for accuracy prior to determination of the final per diem rate.

D. Children’s specialty hospitals shall be eligible for outlier payments for dates of service on or after October 4, 2014.

1. Repealed.

E. ...

1. Repealed.

F. Effective for dates of service on or after February 3, 2010, the per diem rates as calculated per §967.C.1 above shall be reduced by 5 percent. Effective for dates of service on or after January 1, 2011, final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.C.1 for the period, multiplied by 95 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

G. Effective for dates of service on or after August 1, 2010, the per diem rates as calculated per §967.C.1 above shall be reduced by 4.6 percent. Effective for dates of service on or after January 1, 2011, final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.C.1 for the period, multiplied by 90.63 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

H. Effective for dates of service on or after January 1, 2011, the per diem rates as calculated per §967.C.1 above

shall be reduced by 2 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.C.1 for the period, multiplied by 88.82 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

I. ...

J. Effective for dates of service on or after August 1, 2012, the per diem rates as calculated per §967.C.1 above shall be reduced by 3.7 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.C.1 for the period, multiplied by 85.53 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

K. Effective for dates of service on or after February 1, 2013, the per diem rates as calculated per §967.C.1 above shall be reduced by 1 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.C.1 for the period, multiplied by 84.67 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2562 (November 2010), amended LR 37:2162 (July 2011), LR 38:2773 (November 2012), LR 39:3097 (November 2013), LR 40:312 (February 2014), repromulgated LR 40:1940 (October 2014), amended LR 40:1941 (October 2014), LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#034

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Inpatient Hospital Services
Non-Rural, Non-State Hospitals
Supplemental Payments for Baton Rouge Area Hospitals
(LAC 50:V.973)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.973 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services’

disapproval of the state plan amendment for the financing of the transition of the management and operation of certain hospitals from state-owned and operated to private partners, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing inpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in the Baton Rouge area (*Louisiana Register*, Volume 41, Number 2). This Emergency Rule is being promulgated to continue the provisions of the February 12, 2015 Emergency Rule.

This action is being taken to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation and continued access to inpatient hospital services through the maximization of federal dollars.

Effective June 13, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals in the Baton Rouge area.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 1. Inpatient Hospital Services

Chapter 9. Non-Rural, Non-State Hospitals

Subchapter B. Reimbursement Methodology

§973. Supplemental Payments to Baton Rouge Area Hospitals

A. Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for inpatient hospital services rendered in a hospital in the Baton Rouge area that meets the following qualifying criteria per the as filed cost report ending in state fiscal year 2014:

1. classified as a major teaching hospital;
2. has at least 3,000 Medicaid deliveries, as verified per the Medicaid data warehouse; and
3. has at least 45 percent Medicaid inpatient days utilization rate.

B. Supplemental payments for inpatient hospital services will be paid quarterly up to the hospital specific upper payment limit (the difference between Medicaid inpatient charges and Medicaid inpatient payments). The payments to the qualifying hospital(s) shall not exceed:

1. the annual Medicaid hospital specific inpatient charges per 42 CFR 447.271;
2. the annual aggregate inpatient hospital upper payment limit for the classification of hospitals per 42 CFR 442.272; and
3. the budgeted state fiscal year supplemental payment amount included in the Annual Appropriation Act as allocated to this specific program in the budget spread pursuant to the department's reimbursement methodology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of

Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#036

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Inpatient Hospital Services
Non-Rural, Non-State Hospitals
Supplemental Payments for Monroe Area Hospitals
(LAC 50:V.971)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.971 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' disapproval of the State Plan Amendment for the financing of the transition of the management and operation of certain hospitals from state-owned and operated to private partners, the Department of Health and Hospitals (DHH), Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in DHH Administrative Region 8 in the Monroe area (*Louisiana Register*, Volume 41, Number 2). This Emergency Rule is being promulgated in order to continue the provisions of the February 12, 2015 Emergency Rule.

This action is being taken to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation and continued access to inpatient hospital services through the maximization of federal dollars.

Effective June 13, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals in the Monroe area.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 1. Inpatient Hospital Services

Chapter 9. Non-Rural, Non-State Hospitals

Subchapter B. Reimbursement Methodology

§971. Supplemental Payments to Monroe Area Hospitals

A. Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for inpatient hospital services rendered by a hospital in the Monroe area that meets the following qualifying criteria:

1. inpatient acute hospital classified as a major teaching hospital;
2. located in DHH Administrative Region 8 (lowest per capita income of any region per the 2010 U.S. Census Bureau records); and
3. per the as filed fiscal year ending June 30, 2013 cost report has:
 - a. greater than 25 full-time equivalent interns and residents;
 - b. at least 40 percent Medicaid inpatient days utilization; and
 - c. a distinct part psychiatric unit.

B. Supplemental payments for inpatient hospital services will be paid quarterly up to the hospital specific upper payment limit (the difference between Medicaid inpatient charges and Medicaid inpatient payments). The payments to the qualifying hospital(s) shall not exceed:

1. the annual Medicaid hospital specific inpatient charges per 42 CFR 447.271;
2. the annual aggregate inpatient hospital upper payment limit for the classification of hospitals per 42 CFR 442.272; and
3. the budgeted state fiscal year supplemental payment amount included in the Annual Appropriation Act as allocated to this specific program in the budget spread pursuant to the department's reimbursement methodology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#037

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Inpatient Hospital Services
Public-Private Partnerships
South Louisiana Area
(LAC 50:V.1703)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.1703 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing inpatient hospital services to establish supplemental Medicaid payments to non-state owned hospitals in order to encourage them to take over the operation and management of state-owned and operated hospitals that have terminated or reduced services. Participating non-state owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-provider partnership initiative (*Louisiana Register*, Volume 38, Number 11). The department promulgated an Emergency Rule which amended the provisions governing reimbursement for Medicaid payments for inpatient services provided by non-state owned major teaching hospitals participating in public-private partnerships which assume the provision of services that were previously delivered and terminated or reduced by a state owned and operated facility (*Louisiana Register*, Volume 39, Number 4). The department subsequently promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient services provided by non-state owned hospitals participating in public-private partnerships to establish payments for hospitals located in the Lafayette and New Orleans areas (*Louisiana Register*, Volume 39, Number 7).

The department promulgated an Emergency Rule which amended the provisions of the June 24, 2013 Emergency Rule governing inpatient hospital services to remove the provisions governing the cooperative endeavor agreements for Lafayette and New Orleans area hospitals as a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' disapproval of the corresponding State Plan Amendments (*Louisiana Register*, Volume 40, Number 6). This Emergency Rule is being promulgated to continue the provisions of the June 20, 2014 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services.

Effective June 18, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for inpatient hospital services provided by non-state owned hospitals participating in public-private partnerships.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 1. Inpatient Hospital Services

Chapter 17. Public-Private Partnerships

§1703. Reimbursement Methodology

A. Reserved.

B. Effective for dates of service on or after April 15, 2013, a major teaching hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to provide acute care hospital services to Medicaid and uninsured patients and which assumes providing services that were previously delivered and terminated or reduced by a state owned and operated facility shall be reimbursed as follows:

1. The inpatient reimbursement shall be reimbursed at 95 percent of allowable Medicaid costs. The interim per diem reimbursement may be adjusted not to exceed the final reimbursement of 95 percent of allowable Medicaid costs.

C. Baton Rouge Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals (DHH) shall enter into a cooperative endeavor agreement (CEA) with a non-state owned and operated hospital to increase its provision of inpatient Medicaid hospital services by providing services that were previously delivered and terminated by the state-owned and operated facility in Baton Rouge.

2. A quarterly supplemental payment shall be made to this qualifying hospital for inpatient services based on dates of service on or after April 15, 2013. Payments shall be made quarterly based on the annual upper payment limit calculation per state fiscal year. Payments shall not exceed the allowable Medicaid charge differential. The Medicaid inpatient charge differential is the Medicaid inpatient charges less the Medicaid inpatient payments (which includes both the base payments and supplemental payments).

3. The qualifying hospital shall provide quarterly reports to DHH that will demonstrate that, upon implementation, the annual Medicaid inpatient quarterly payments do not exceed the annual Medicaid inpatient charges per 42 CFR 447.271. Before the final quarterly payment for each state fiscal year the quarterly reports will be reviewed and verified with Medicaid claims data. The final quarterly payment for each state fiscal year will be reconciled and will be adjusted to assure that the annual payment does not exceed the allowable Medicaid inpatient charge differential.

4. Inpatient services shall be reimbursed at 95 percent of allowable Medicaid costs. The interim per diem reimbursement may be adjusted not to exceed the final reimbursement of 95 percent of allowable Medicaid costs.

D. - K. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#038

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Intermediate Care Facilities for Persons
with Intellectual Disabilities
Complex Care Reimbursements
(LAC 50:VII.32915)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:VII.32915 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services provided to Medicaid recipients.

The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for ICFs/ID to establish reimbursement for complex care services provided to Medicaid recipients residing in non-state ICFs/ID (*Louisiana Register*, Volume 40, Number 10). This Emergency Rule is being promulgated to continue the provisions of the October 1, 2014 Emergency Rule. This action is being taken to protect the public health and welfare of Medicaid recipients with complex care needs who reside in ICFs/ID.

Effective May 31, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend the provisions governing non-state ICFs/ID to establish reimbursement for complex care services.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part VII. Long Term Care

Subpart 3. Intermediate Care Facilities for Persons with Intellectual Disabilities

Chapter 329. Reimbursement Methodology

Subchapter A. Non-State Facilities

§32915. Complex Care Reimbursements

A. Effective for dates of service on or after October 1, 2014, non-state intermediate care facilities for persons with intellectual disabilities may receive an add-on payment to the per diem rate for providing complex care to Medicaid

recipients who require such services. The add-on rate adjustment shall be a flat fee amount and may consist of payment for any one of the following components:

1. equipment only;
2. direct service worker (DSW);
3. nursing only;
4. equipment and DSW;
5. DSW and nursing;
6. nursing and equipment; or
7. DSW, nursing, and equipment.

B. Non-state owned ICFs/ID may qualify for an add-on rate for recipients meeting documented major medical or behavioral complex care criteria. This must be documented on the complex support need screening tool provided by the department. All medical documentation indicated by the screening tool form and any additional documentation requested by the department must be provided to qualify for the add-on payment.

C. In order to meet the complex care criteria, the presence of a significant medical or behavioral health need must exist and be documented. This must include:

1. endorsement of at least one qualifying condition with supporting documentation; and
2. endorsement of symptom severity in the appropriate category based on qualifying condition(s) with supporting documentation.

a. Qualifying conditions for complex care must include at least one of the following as documented on the complex support need screening tool:

- i. significant physical and nutritional needs requiring full assistance with nutrition, mobility, and activities of daily living;
- ii. complex medical needs/medically fragile; or
- iii. complex behavioral/mental health needs.

D. Enhanced Supports. Enhanced supports must be provided and verified with supporting documentation to qualify for the add-on payment. This includes:

1. endorsement and supporting documentation indicating the need for additional direct service worker resources;
2. endorsement and supporting documentation indicating the need for additional nursing resources; or
3. endorsement and supporting documentation indicating the need for enhanced equipment resources (beyond basic equipment such as wheelchairs and grab bars).

E. One of the following admission requirements must be met in order to qualify for the add-on payment:

1. the recipient has been admitted to the facility for more than 30 days with supporting documentation of necessity and provision of enhanced supports; or
2. the recipient is transitioning from another similar agency with supporting documentation of necessity and provision of enhanced supports.

F. All of the following criteria will apply for continued evaluation and payment for complex care.

1. Recipients receiving enhanced rates will be included in annual surveys to ensure continuation of supports and review of individual outcomes.
2. Fiscal analysis and reporting will be required annually.
3. The provider will be required to report on the following outcomes:

- a. hospital admissions and diagnosis/reasons for admission;
- b. emergency room visits and diagnosis/reasons for admission;
- c. major injuries;
- d. falls; and
- e. behavioral incidents.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#039

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Intermediate Care Facilities for Persons with Intellectual Disabilities—Public Facilities Reimbursement Rate Increase (LAC 50:VII.32969)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:VII.32969 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for public intermediate care facilities for persons with developmental disabilities (ICFs/DD), hereafter referred to as intermediate care facilities for persons with intellectual disabilities (ICFs/ID), to establish a transitional Medicaid reimbursement rate for community homes that are being privatized (*Louisiana Register*, Volume 39, Number 2). This Rule also adopted all of the provisions governing reimbursements to state-owned and operated facilities and quasi-public facilities in a codified format for inclusion in the *Louisiana Administrative Code*.

The department promulgated an Emergency Rule which amended the provisions governing the transitional rates for public facilities in order to redefine the period of transition (*Louisiana Register*, Volume 39, Number 10). The department subsequently promulgated an Emergency Rule to assure compliance with the technical requirements of R.S. 49:953, and to continue the provisions of the October 1,

2013 Emergency Rule governing transitional rates for public facilities (*Louisiana Register*, Volume 40, Number 3). The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for ICFs/ID to increase the add-on amount to the per diem rate for the provider fee (*Louisiana Register*, Volume 40, Number 3).

Due to an increase in the add-on amount to the per diem rate for the provider fee, the department promulgated an Emergency Rule which amended the provisions governing the transitional rates for public facilities in order to increase the Medicaid reimbursement rate (*Louisiana Register*, Volume 40, Number 9). This Emergency Rule is being promulgated to continue the provisions of the October 1, 2014 Emergency Rule. This action is being taken to protect the public health and welfare of Medicaid recipients transitioning from public ICFs/ID by ensuring continued provider participation in the Medicaid Program.

Effective May 31, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for public intermediate care facilities for persons with intellectual disabilities.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part VII. Long Term Care

Subpart 3. Intermediate Care Facilities for Persons with Intellectual Disabilities

Chapter 329. Reimbursement Methodology

Subchapter C. Public Facilities

§32969. Transitional Rates for Public Facilities

A. - F.4. ...

G. Effective for dates of service on or after October 1, 2014, the transitional Medicaid reimbursement rate shall be increased by \$1.85 of the rate in effect on September 30, 2014.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:326 (February 2013), amended LR 40:2588 (December 2014), LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#040

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Medical Transportation Program Non-Emergency Medical Transportation (LAC 50:XXVII:Chapter 5)

The Department of Health and Hospitals, Bureau of Health Services Financing repeals and replaces the provisions of the October 20, 1994 Rule governing non-emergency medical transportation, and amends LAC 50:XXVII:Chapter 5 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted provisions governing non-emergency medical transportation (NEMT) (*Louisiana Register*, Volume 20, Number 10). The department promulgated an Emergency Rule which repealed the October 20, 1994 Rule in order to revise the provisions governing NEMT services, and to ensure that these provisions are appropriately promulgated in a codified format for inclusion in the *Louisiana Administrative Code*. This Emergency Rule also amended the provisions governing the reimbursement methodology for NEMT services to replace the monthly payment of capitated rates with a monthly per trip payment methodology (*Louisiana Register*, Volume 40, Number 10). The department now proposes to amend the October 1, 2014 Emergency Rule in order to further clarify these provisions in order to bring the language of this Rule into compliance with the approved Medicaid State Plan, and to incorporate provisions governing appeals rights for denials and partial denials of NEMT services. This action is being taken to promote the health and welfare of Medicaid recipients by ensuring continued access to non-emergency medical transportation services, and to avoid federal sanctions from CMS for noncompliance with federal regulations and the approved Medicaid State Plan.

Effective May 20, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the October 1, 2014 Emergency Rule governing the reimbursement methodology for non-emergency medical transportation.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XXVII. Medical Transportation Program

Chapter 5. Non-Emergency Medical Transportation

Subchapter A. General Provisions

§501. Introduction

A. Non-emergency medical transportation (NEMT) is non-emergency transportation to and from the providers of routine Medicaid covered services for Medicaid recipients. NEMT is intended to provide transportation only after all reasonable means of free transportation have been explored and found to be unavailable.

B. Medicaid covered transportation is available to Medicaid recipients when:

1. the individual is enrolled in either a full-coverage Medicaid benefit program or a limited-coverage Medicaid benefit program that explicitly includes transportation services; and
2. the recipient or their representative has stated that they have no other means of transportation.

B. The requested destination must be to a medical service provider currently enrolled in the Medicaid Program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§503. Prior Authorization

A. NEMT services require prior authorization. The department or its designee will authorize transportation after verifying the recipient's Medicaid eligibility and validity of medical appointment(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§505. Requirements for Coverage

A. When transportation is not available through family and friends, payment shall be authorized for the least costly means of transportation available. The least costly means of transportation shall be determined by the department and shall be determined according to the following hierarchy:

1. city or parish public transportation;
2. family and friends who meet the state license and insurance requirements and who are willing to:
 - a. enroll in the Medicaid Program; and
 - b. be paid a published rate for providing non-emergency transportation;
3. intrastate public conveyance (such as bus, train or plane);
4. nonprofit agencies and organizations that provide a transportation service and who are enrolled in the Medicaid Program; and
5. for profit providers enrolled in the Medicaid Program.

B. Recipients shall be allowed a choice of providers when the costs of two or more providers are equal.

C. Recipients are encouraged to utilize medical providers of their choice in the community in which they reside when the recipient is also in need of Medicaid reimbursed transportation services. The fact that the department will still pay for the actual medical service received outside the community in which the recipient resides does not obligate

the department to reimburse for transportation to accommodate such a choice.

D. When the recipient chooses to utilize a medical provider outside of the community due to preference and/or history, payment may be authorized only for the cost of transportation to the nearest available provider.

E. The recipient may be responsible for securing any agreements with family and friends, nonprofit or profit providers to make the longer trip for the payment authorized. If the recipient needs help with making such arrangements, the department will help but the help given will imply no obligation to provide a greater reimbursement.

F. When specialty treatment required by the recipient necessitates travel over extended distances, authorization for payment for intrastate transportation shall be determined according to the following criteria.

1. Intrastate transportation reimbursement shall be authorized when medical services are not available to the recipient in his/her community.

2. Payment shall be authorized when free transportation is not available.

3. The department shall still authorize payment only for the most economical means of transportation. This may be through negotiating payment for transportation with family and/or friends or through accessing the public conveyance systems such as bus, train or plane.

4. The determination as to use of public conveyance shall be based on least cost, medical condition of the recipient to be transported, and availability of public conveyance.

G. When it has been verified that public conveyance is unavailable or inappropriate for intrastate transportation the recipient shall solicit transportation from family and friends. The department will authorize payment to assist the family in accessing the needed medical services.

1. Payment will be based on distance to be traveled to the nearest available similar or appropriate medical services, parking and tolls. In determining the amount of payment the cost of the least costly public conveyance shall be used as the base cost to be paid to the family. Payment shall not be available for room and board or meals.

H. When no other means of transportation is available through family and friends or public conveyance, the department will solicit intrastate transportation through a nonprofit provider.

1. The nonprofit provider will be paid a fee based on the current fee schedule.

2. If the nonprofit provider cannot accept the trip then the department will reimburse for-profit providers based on the current fee schedule.

I. The department will not authorize "same day" trips except in the instance of need for immediate medical care due to injury or illness. Same day trips will not be authorized for scheduled appointments for predictable or routine medical care. Recipients will be asked to reschedule the appointment and make the subsequent request for transportation timely.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Subchapter B. Recipient Participation

§521. General Provisions

A. Recipients shall participate in securing transportation at a low cost and shall agree to use public transportation or solicit transportation from family and friends as an alternative to more costly means of transport.

B. When the recipient alleges that public conveyance cannot be used due to medical reasons, then verification shall be provided by giving the department a written statement from a doctor that includes the specific reason(s) that the use of public conveyance is contraindicated by the medical condition of the recipient. In no case can preference of the recipient be the sole determining factor in excluding use of public conveyance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§523. Recipient Appeals

A. Recipients shall have a right to request a fair hearing for the denial of NEMT services in full or in part. This includes requests for a fair hearing for denial of meals and lodging expenses associated with authorized trips.

B. Recipients shall be provided written notice of the service denial (including denials for meals and/or lodging expenses) and given the opportunity to request a fair hearing to appeal the department's decision.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Subchapter C. Provider Responsibilities

§541. Provider Enrollment

A. All Transportation providers must comply with the published rules and regulations governing the Medicaid Transportation Program, all state laws, and the regulations of any other governing state agency or commission or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid Program.

B. Nonemergency medical transportation profit providers shall have a minimum liability insurance coverage of \$100,000 per person and \$300,000 per accident or a \$300,000 combined service limits policy.

1. The liability policy shall cover any and all:

- a. autos;
- b. hired autos; and
- c. non-owned autos.

2. Premiums shall be prepaid for a period of six months. Proof of prepaid insurance must be a true and correct copy of the policy issued by the home office of the insurance company. Statements from the agent writing the policy will not be acceptable. Proof must include the dates of coverage and a 30 day cancellation notification clause. Proof of renewal must be received by the department no later than 48 hours prior to the end date of coverage. The policy must provide that the 30 day cancellation notification be issued to the Bureau of Health Services Financing.

3. Upon notice of cancellation or expiration of the coverage, the department will immediately cancel the provider agreement for participation. The ending date of participation shall be the ending date of insurance coverage. Retroactive coverage statements will not be accepted. Providers who lose the right to participate due to lack of

prepaid insurance may re-enroll in the transportation program and will be subject to all applicable enrollment procedures, policies, and fees for new providers.

C. As a condition of reimbursement for transporting Medicaid recipients to medical services, family and friends must maintain the state minimum automobile liability insurance coverage, a current state inspection sticker, and a current valid driver's license. No special inspection by the department will be conducted. Proof of compliance with the three listed requirements for this class of provider must be submitted when enrollment in the department is sought. Proof shall be the sworn and notarized statement of the individual enrolling for payment, certifying that all three requirements are met. Family and friends shall be enrolled and shall be allowed to transport up to three specific Medicaid recipients or all members of one Medicaid assistance unit. The recipients to be transported by each such provider will be noted in the computer files of the department. Individuals transporting more than three Medicaid recipients shall be considered profit providers and shall be enrolled as such.

D. As a condition of participation for out-of-state transport, providers of transportation to out-of-state medical services must be in compliance with all applicable federal intrastate commerce laws regarding such transportation, including but not limited to, the \$1,000,000 insurance requirement. Proof of compliance with all interstate commerce laws must be submitted when enrollment in the Medicaid Program is sought or prior to providing any out-of-state Medicaid transportation.

E. A provider must agree to cover the entire parish or parishes for which he provides non-emergency medical transportation services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§543. Trip Coordination

A. Dispatch personnel will coordinate to the extent possible, trips for family members so that all recipients in a family are transported as a unit at one time to the same or close proximity providers.

B. Providers must submit a signed affidavit with claims certifying that a true and correct bill is being submitted.

C. If the provider has declined to accept a trip on a particular day the dispatch personnel will not assign additional trips to that provider for that same day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§545. Provider Suspension and Termination

A. Providers are subject to suspension from the NEMT Program upon department documentation of inappropriate billing practices or other practices that egregiously violate Medicaid Program policy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§545. Audits

A. The department shall conduct regular audits of service authorization, reimbursement, service delivery and

documentation in order to ensure compliance with published rules and regulations.

B. Lack of compliance on the part of transportation providers shall be addressed as described in the provider policy manual.

C. Lack of compliance on the part of department contractors shall be met with corrective action as described in contract documents.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Subchapter D. Reimbursement

§565. General Provisions

A. Reimbursement for NEMT services shall be based upon the current fee schedule. An additional per-mile rate may be included when the department or determines that a provider requires compensation for travelling far outside of their service areas. This additional payment shall be made when there are no providers in the recipient's service area.

B. Reimbursement for NEMT to regular, predictable and continuing medical services, such as hemodialysis, chemotherapy or rehabilitation therapy, as determined by the department, shall be based on a capitated rate paid by individual trip.

C. Reimbursement will not be made for any additional person(s) who must accompany the recipient to the medical provider.

D. An individual provider will be reimbursed for a trip to the nearest facility that will meet the recipient's medical needs. However, the individual provider may transport the recipient to a more distant facility if the individual provider will accept reimbursement from the department to the nearest facility and assumes responsibility for additional expenses incurred.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§573. Non-Emergency, Non-Ambulance Transportation

A. - F.5. ...

G. Effective for dates of service on or after October 1, 2014, the monthly payment of capitated rates shall be replaced with a per trip payment methodology.

1. Payments previously made using the monthly capitated rate shall be made by dividing the monthly rate by the number of authorized trips within a given month. Each trip will then be reimbursed separately.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:462 (March 2007), LR 34:878 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2564 (November 2010), LR 37:3030 (October 2011), amended LR 38:3214 (December 2012), LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for

responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#031

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Outpatient Hospital Services
Children's Specialty Hospitals
Supplemental Payments for New Orleans Area Hospitals
(LAC 50:V.6121)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.6121 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

As a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' disapproval of the state plan amendment for the financing of the transition of the management and operation of certain children's specialty hospitals from state-owned and operated to private partners, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which adopted a supplemental payment methodology for outpatient hospital services rendered by children's specialty hospitals in the New Orleans area (*Louisiana Register*, Volume 41, Number 2). This Emergency Rule is being promulgated to continue the provisions of the February 12, 2015 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation and continued access to inpatient hospital services through the maximization of federal dollars.

Effective June 13, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions governing outpatient supplemental payments for outpatient hospital services rendered by children's specialty hospitals in the New Orleans area.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospitals

Subpart 5. Outpatient Hospitals

Chapter 61. Other Outpatient Hospital Services

Subchapter B. Reimbursement Methodology

§6121. Supplemental Payments for Children's Specialty Hospitals in the New Orleans Area

A. Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for outpatient hospital services rendered in a hospital in the New Orleans area that meets the following qualifying criteria per the as filed cost report in state fiscal year 2014:

1. classified by Medicare as a specialty children's hospital;
2. has at least 100 full-time equivalent interns and residents;
3. has at least 70 percent Medicaid inpatient days' utilization rate;
4. has at least 25,000 Medicaid inpatient days; and
5. has a distinct part psychiatric unit.

B. Supplemental payments for outpatient hospital services will be paid quarterly. The payments to the qualifying hospital(s) shall not exceed:

1. the aggregate outpatient hospital upper payment limits for the classification of hospitals pursuant to 42 CFR 447.321; and
2. the budgeted state fiscal year supplemental payment amount included in the Annual Appropriation Act as allocated to this specific program in the budget spread pursuant to the department's reimbursement methodology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#041

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Outpatient Hospital Services Non-Rural, Non-State Hospitals Supplemental Payments for Baton Rouge Area Hospitals (LAC 50:V.6905)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.6905 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' disapproval of the state plan amendment for the financing of the transition of the management and operation of certain

hospitals from state-owned and operated to private partners, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing outpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in the Baton Rouge area (*Louisiana Register*, Volume 41, Number 2). This Emergency Rule is being promulgated to continue the provisions of the February 12, 2015 Emergency Rule.

This action is being taken to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation and continued access to outpatient hospital services through the maximization of federal dollars.

Effective June 13, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions governing the reimbursement methodology for outpatient hospital services rendered by non-rural, non-state hospitals in the Baton Rouge area.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 5. Outpatient Hospital Services

Chapter 69. Supplemental Payments

§6905. Non-Rural, Non-State Hospitals in the Baton Rouge Area

A. Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for outpatient hospital services rendered in a hospital in the Baton Rouge area that meets the following qualifying criteria per the as filed cost report ending state fiscal year 2014:

1. classified as a major teaching hospital;
2. has at least 3,000 Medicaid deliveries, as verified per the Medicaid data warehouse; and
3. has at least 45 percent Medicaid inpatient days utilization rate.

B. Supplemental payments for outpatient hospital services will be paid quarterly. The payments to the qualifying hospital(s) shall not exceed:

1. the aggregate outpatient hospital upper payment limits for the classification of hospitals pursuant to 42 CFR 447.321; and
2. the budgeted state fiscal year supplemental payment amount included in the Annual Appropriation Act as allocated to this specific program in the budget spread pursuant to the department's reimbursement methodology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Service Financing, LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for

responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#042

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Outpatient Hospital Services
Non-Rural, Non-State Hospitals
Supplemental Payments for Monroe Area Hospitals
(LAC 50:V.6903)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.6903 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' disapproval of the State Plan Amendment for the financing of the transition of the management and operation of certain hospitals from state-owned and operated to private partners, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in DHH Administrative Region 8 in the Monroe area (Louisiana Register, Volume 41, Number 3). This Emergency Rule is being promulgated to continue the provisions of the February 12, 2015 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation and continued access to outpatient hospital services through the maximization of federal dollars.

Effective June 13, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions governing supplemental payments for outpatient hospital services rendered by non-rural, non-state hospitals in the Monroe area.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 5. Outpatient Hospital Services

Chapter 69. Supplemental Payments

§6903. Non-Rural, Non-State Hospitals in the Monroe Area

A. Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for outpatient hospital services rendered by a hospital in the Monroe area that meets the following qualifying criteria:

1. inpatient acute hospital classified as a major teaching hospital;

2. located in DHH administrative region 8 (lowest per capita income of any region per the 2010 U.S. Census Bureau records); and

3. per the as filed fiscal year ending June 30, 2013 cost report has:

a. greater than 25 full-time equivalent interns and residents;

b. at least 40 percent Medicaid inpatient days utilization; and

c. a distinct part psychiatric unit.

B. Supplemental payments for outpatient hospital services will be paid quarterly. The payments to the qualifying hospital(s) shall not exceed:

1. the aggregate outpatient hospital upper payment limits for the classification of hospitals pursuant to 42 CFR 447.321; and

2. the budgeted state fiscal year supplemental payment amount included in the Annual Appropriation Act as allocated to this specific program in the budget spread pursuant to the department's reimbursement methodology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#043

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Outpatient Hospital Services
Public-Private Partnerships
South Louisiana Area
(LAC 50:V.6703)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.6703 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing outpatient hospital services to establish supplemental Medicaid payments to non-state owned hospitals in order to encourage them to take over the operation and management of state-owned hospitals that have terminated or reduced services (*Louisiana Register*, Volume 38, Number 11). Participating non-state owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-private partnership initiative. The department promulgated an Emergency Rule which amended the provisions of the November 1, 2012 Emergency Rule to revise the reimbursement methodology in order to correct the federal citation (*Louisiana Register*, Volume 39, Number 3). The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient services provided by non-state owned major teaching hospitals participating in public-private partnerships which assume the provision of services that were previously delivered and terminated or reduced by a state owned and operated facility (*Louisiana Register*, Volume 39, Number 4). The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient services provided by non-state owned hospitals participating in public-private partnerships to establish payments for hospitals located in the Lafayette and New Orleans areas (*Louisiana Register*, Volume 39, Number 7).

The department promulgated an Emergency Rule which amended the provisions of the June 24, 2013 Emergency Rule to remove the New Orleans Area hospital which was erroneously included in these provisions (*Louisiana Register*, Volume 39, Number 10). This Emergency Rule is being promulgated to continue the provisions of the October 20, 2013 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services.

Effective June 17, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for outpatient hospital services provided by non-state owned hospitals participating in public-private partnerships.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 5. Outpatient Hospital Services

Chapter 67. Public-Private Partnerships

§6703. Reimbursement Methodology

A. - B.5. Reserved.

C. Baton Rouge Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals shall enter into a cooperative endeavor agreement with a non-state owned and operated hospital to increase its provision of outpatient Medicaid hospital services by providing services that were previously delivered and terminated by the state-owned and operated facility in Baton Rouge.

2. A quarterly supplemental payment may be made to this qualifying hospital for outpatient services based on dates of service on or after April 15, 2013. Payments may be made quarterly based on the annual upper payment limit

calculation per state fiscal year. Maximum payments shall not exceed the upper payment limit per 42 CFR 447.321.

D. Lafayette Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals shall enter into a cooperative endeavor agreement with a non-state owned and operated hospital to increase its provision of outpatient Medicaid hospital services by assuming the management and operation of services at a facility in Lafayette where such services were previously provided by a state owned and operated facility.

2. Effective for dates of service on or after June 24, 2013, a quarterly supplemental payment may be made to this qualifying hospital for outpatient services. Payments may be made quarterly based on the annual upper payment limit calculation per state fiscal year. Maximum payments shall not exceed the upper payment limit per 42 CFR 447.321.

E. - E.2. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR: 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#044

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Pharmacy Benefits Management Program Methods of Payment

The Department of Health and Hospitals, Bureau of Health Services Financing hereby rescinds the provisions of the November 1, 2012 Emergency Rule which revised the reimbursement methodology for pharmacy services covered under the Medical Assistance Program as authorized by R.S. 36:254. This Emergency Rule was adopted on October 19, 2012 and published in the November 20, 2012 edition of the *Louisiana Register*. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides coverage and reimbursement for prescription drugs to Medicaid eligible recipients enrolled in the Medicaid Program. The department

promulgated an Emergency Rule which amended the provisions of the September 5, 2012 Emergency Rule to further revise the provisions governing the methods of payment for prescription drugs and the dispensing fee (*Louisiana Register*, Volume 38, Number 11).

Upon further consideration and consultation with the U.S. Department of Health and Human Services, Centers for Medicaid and Medicare Services (CMS) on the corresponding Medicaid State Plan Amendment, the department determined that it was necessary to rescind the provisions of the November 1, 2012 Emergency Rule governing the reimbursement methodology for services rendered in the Pharmacy Benefits Management Program, and to return to the reimbursement rates in effect on September 5, 2012 which is consistent with the currently approved Medicaid State Plan (*Louisiana Register*, Volume 40, Number 10). This Emergency Rule is being promulgated to continue the provisions of the October 1, 2014 Emergency Rule.

Effective May 31, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing rescinds the Emergency Rule governing pharmacy services which appeared in the November 20, 2013 edition of the *Louisiana Register* on pages 2725-2728.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#045

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Professional Services Program
Immunizations
Reimbursement Methodology
(LAC 50:IX.8305 and 8505)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:IX.8305 and §8505 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health (OPH) adopted provisions to establish Medicaid payment of uncompensated care costs for the administration of vaccines rendered by OPH to Medicaid eligible recipients (*Louisiana Register*, Volume 39, Number 1).

The Patient Protection and Affordable Care Act (PPACA) requires states to reimburse certain primary care services,

including the administration of specified immunizations (if they were covered), at an increased rate. In compliance with PPACA and federal regulations, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for Medicaid payments to providers for the administration of certain vaccines to children to increase the reimbursement rates (*Louisiana Register*, Volume 39, Number 1). The provisions governing an increase in rates for the administration of certain vaccines to adults were inadvertently omitted from the January 1, 2013 Emergency Rule. The department promulgated an Emergency Rule which amended the January 1, 2013 Emergency Rule in order to incorporate provisions governing an increase in rates for the administration of certain vaccines to adults and to revise the payment methodology (*Louisiana Register*, Volume 39, Number 2). This Emergency Rule is being promulgated to continue the provisions of the February 20, 2013 Emergency Rule. This action is being taken to avoid federal sanctions and to secure enhanced federal funding.

Effective June 17, 2015 the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for the administration of immunizations.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part IX. Professional Services Program

Subpart 7. Immunizations

Chapter 83. Children's Immunizations

§8305. Reimbursement Methodology

A. - C.3.a. ...

D. Effective for dates of service on or after January 1, 2013 through December 31, 2014, certain vaccine administration services shall be reimbursed at payment rates consistent with the methodologies that apply to such services and physicians under part B of title XVIII of the Social Security Act (Medicare) and the Vaccines for Children (VFC) Program.

1. The following vaccine service codes, when covered by the Medicaid Program and provided under the VFC Program, shall be reimbursed at an increased rate:

- a. 90471, 90472, 90473 and 90474; or
- b. their successor codes as specified by the U.S.

Department of Health and Human Services.

2. Qualifying Criteria. Reimbursement shall be limited to specified services furnished by a physician, either a doctor of osteopathy or a medical doctor or under the personal supervision of a physician, who attests to a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics, and also attests to meeting one or more of the following criteria:

a. certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); or

b. specified evaluation and management and vaccine services that equal at least 60 percent of total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month.

3. Payment Methodology. For vaccine administration services provided under the Vaccines for Children Program in calendar years 2013 and 2014, the reimbursement shall be the lesser of the:

- a. regional maximum administration fee; or
- b. Medicare fee schedule rate in calendar years 2013 or 2014 that reflects the mean value over all parishes (counties) of the rate for each of the specified code(s) or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor multiplied by the calendar year 2013 and 2014 relative value units in accordance with 42 CFR 447.405 as approved by the Centers for Medicare and Medicaid Services.

4. The department shall make a payment to the provider for the difference between the Medicaid rate and the increased rate, if any.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:71 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:96 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Chapter 85. Adult Immunizations

§8505. Reimbursement Methodology

A. - B.3.a. ...

C. Effective for dates of service on or after January 1, 2013 through December 31, 2014, certain vaccine administration services shall be reimbursed at payment rates consistent with the methodology that applies to such services and physicians under part B of title XVIII of the Social Security Act (Medicare).

1. The following vaccine service codes, when covered by the Medicaid Program, shall be reimbursed at an increased rate:

- a. 90471, 90472, 90473 and 90474; or
- b. their successor codes as specified by the U.S. Department of Health and Human Services.

2. Qualifying Criteria. Reimbursement shall be limited to specified services furnished by a physician, either a doctor of osteopathy or a medical doctor or under the personal supervision of a physician, who attests to a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics, and also attests to meeting one or more of the following criteria:

a. certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); or

b. specified evaluation and management and vaccine services that equal at least 60 percent of total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month.

3. Payment Methodology. For vaccine administration services provided in calendar years 2013 and 2014, the reimbursement shall be the lesser of the:

a. Medicare fee schedule rate in calendar years 2013 or 2014 that reflects the mean value over all parishes (counties) of the rate for each of the specified code(s) or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor multiplied by the calendar year 2013 and 2014 relative value units in accordance with 42 CFR 447.405 as approved by the Centers for Medicare and Medicaid Services; or

b. provider's actual billed charges for the service.

4. The department shall make a payment to the provider for the difference between the Medicaid rate and the increased rate, if any.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#046

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Professional Services Program
Physician Services
Reimbursement Methodology
(LAC 50:IX.15113)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:IX.15113 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for physician services to increase the reimbursement rates for obstetric delivery services (*Louisiana Register*, Volume 37, Number 3).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for physician services to reduce the reimbursement rates and discontinue reimbursement for

certain procedures (*Louisiana Register*, Volume 38, Number 7). The department subsequently amended the provisions of the July 1, 2012 Emergency Rule in order to revise the formatting to ensure that these provisions are promulgated in a clear and concise manner (*Louisiana Register*, Volume 38, Number 10).

The Patient Protection and Affordable Care Act (PPACA) requires states to reimburse certain primary care services at an increased rate. In compliance with PPACA and federal regulations, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for physician services in order to increase the reimbursement rates (*Louisiana Register*, Volume 39, Number 1).

The department promulgated an Emergency Rule which amended the provisions of the January 1, 2013 Emergency Rule in order to revise the payment methodology and to correct the formatting of these provisions as a result of the promulgation of the October 20, 2012 Emergency Rule governing the reimbursement methodology for physician services (*Louisiana Register*, Volume 39, Number 2). The department promulgated an Emergency Rule which amended the provisions of the February 20, 2013 Emergency Rule in order to revise the formatting of these provisions (*Louisiana Register*, Volume 40, Number 9). This will ensure that these provisions are appropriately incorporated into the *Louisiana Administrative Code* (LAC) in a clear and concise manner.

The department now proposes to amend the provisions of the September 20, 2014 Emergency Rule to further revise the formatting of these provisions as a result of the promulgation of the March 20, 2015 final Rule governing physician services in the Professional Services Program in order to ensure that these provisions are appropriately incorporated into the LAC. This action is being taken to avoid federal sanctions and to secure enhanced federal funding.

Effective May 20, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the September 20, 2014 Emergency Rule governing the reimbursement methodology for physician services covered in the Professional Services Program.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part IX. Professional Services Program

Subpart 15. Reimbursement

Chapter 151. Reimbursement Methodology

Subchapter B. Physician Services

§15113. Reimbursement Methodology

A. - L.3. ...

J. Effective for dates of service on or after January 1, 2013 through December 31, 2014, certain physician services shall be reimbursed at payment rates consistent with the methodology that applies to such services and physicians under Part B of Title XVIII of the Social Security Act (Medicare).

1. The following physician service codes, when covered by the Medicaid Program, shall be reimbursed at an increased rate:

a. evaluation and management codes 99201 through 99499; or

b. their successor codes as specified by the U.S. Department of Health and Human Services.

2. Qualifying Criteria. Reimbursement shall be limited to specified services furnished by or under the personal supervision of a physician, either a doctor of osteopathy or a medical doctor, who attests to a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics, and who also attests to meeting one or more of the following criteria:

a. certification as a specialist or subspecialist in family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); or

b. specified evaluation and management and vaccine services that equal at least 60 percent of total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month.

3. Payment Methodology. For primary care services provided in calendar years 2013 and 2014, the reimbursement shall be the lesser of the:

a. Medicare Part B fee schedule rate in calendar years 2013 or 2014 that is applicable to the place of service and reflects the mean value over all parishes (counties) of the rate for each of the specified codes or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor multiplied by the calendar year 2013 and 2014 relative value units in accordance with 42 CFR 447.405. If there is no applicable rate established by Medicare, the reimbursement shall be the rate specified in a fee schedule established and announced by the Centers for Medicare and Medicaid Services (CMS); or

b. provider's actual billed charge for the service.

4. The department shall make payment to the provider for the difference between the Medicaid rate and the increased rate, if any.

K. - L.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1252 (June 2010), amended LR 36:2282 (October 2010), LR 37:904 (March 2011), LR 39:3300, 3301 (December 2013), LR 41:541 (March 2015), LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#030

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing and Office of Behavioral Health

Therapeutic Group Homes
(LAC 50:XXXIII.12101 and 12501)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health amend LAC 50:XXXIII.12101 and §12501 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing adopted provisions to implement a coordinated behavioral health services system under the Medicaid Program to provide behavioral health services to children with emotional/behavioral disorders in therapeutic group homes (TGHs) (Louisiana Register, Volume 38, Number 2).

The department promulgated an Emergency Rule which amended the provisions governing TGHs to increase the number of beds allowed and revise the provider responsibilities (Louisiana Register, Volume 40, Number 9). This Emergency Rule is being promulgated to continue the provisions of the September 20, 2014 Emergency Rule. This action is being taken to promote the health and welfare of TGH residents by ensuring sufficient provider participation and continued access to TGH services.

Effective May 19, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health amend the provisions governing therapeutic group homes.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XXXIII. Behavioral Health Services

Subpart 13. Therapeutic Group Homes

Chapter 121. General Provisions

§12101. Introduction

A. - B. ...

C. A therapeutic group home provides a community-based residential service in a home-like setting of no greater than 10 beds under the supervision and program oversight of a psychiatrist or psychologist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:427 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:

Chapter 125. Provider Participation

§12501. Provider Responsibilities

A. - F. ...

G. A TGH must ensure that youth are receiving appropriate therapeutic care to address assessed needs on the child's treatment plan.

1. Therapeutic care may include treatment by TGH staff, as well as community providers.

2. Treatment provided in the TGH or in the community should incorporate research-based approaches appropriate to the child's needs, whenever possible.

H. ...

I. A TGH must incorporate at least one research-based approach pertinent to the sub-populations of TGH clients to be served by the specific program. The specific research-based model to be used should be incorporated into the program description. The research-based models must be approved by OBH.

J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:428 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1505#047

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries Wildlife and Fisheries Commission

Opening of Shrimp Season in
Portion of State Outside Waters

In accordance with the emergency provisions of R.S. 49:953 and R.S. 49:967 of the Administrative Procedure Act which allows the Wildlife and Fisheries Commission to use emergency procedures to set shrimp seasons, and R.S. 56:497 which provides that the Wildlife and Fisheries Commission shall have the authority to open or close outside waters by zone each year as it deems appropriate upon inspection of and based upon technical and biological data which indicate that marketable shrimp, in sufficient quantities are available for harvest; and, a Declaration of Emergency adopted by the Wildlife and Fisheries Commission on December 4, 2014 which authorizes the secretary of the Department of Wildlife and Fisheries to reopen any area closed to shrimping when the closure is no longer necessary, the secretary hereby declares:

That state outside waters extending a distance of 3 nautical miles seaward of the inside/outside shrimp line as described in R.S. 56:495, from the northwest shore of Caillou Boca at -90 degrees 50 minutes 27 seconds west

longitude westward to the Atchafalaya River Ship Channel at Eugene Island as delineated by the channel red buoy line shall reopen to shrimping at 6 a.m. April 22, 2015.

Recent biological samples taken by Office of Fisheries biologists indicate that small white shrimp which have overwintered in these waters from December through the present time have reached marketable sizes and the closure is no longer necessary. Significant numbers of smaller size white shrimp still remain in state outside waters west of the Atchafalaya River Ship Channel to the western shore of Freshwater Bayou Canal at -92 degrees 18 minutes 33 seconds west longitude, and these waters will remain closed to shrimping until further notice.

Robert J. Barham
Secretary

1505#007

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries Wildlife and Fisheries Commission

Recreational and Commercial Fisheries Closure

In accordance with the emergency provisions of R.S. 49:953 of the Administrative Procedure Act, which allows the Wildlife and Fisheries Commission to adopt rules on an emergency basis when delay would result in imminent peril to the public health, safety, or welfare; and under the authority of R.S. 56:6.1, the Wildlife and Fisheries Commission hereby closes all recreational and commercial fishing, effective immediately May 7, 2015 in the following waters:

Those state inside waters located in the upper Barataria Basin and extending a distance of 100 yards from any shoreline and north of 29 degrees 26 minutes 00 seconds north latitude and south of 29 degrees 29 minutes 00 seconds north latitude from -89 degrees 50 minutes 00 seconds west longitude westward to -89 degrees 57 minutes 00 seconds west longitude.

The commission hereby grants authority to the Secretary of the Department of Wildlife and Fisheries to open, close, reopen-reclose, broaden or otherwise modify the areas closed and opened to fishing if biological, environmental and technical data indicate the need to do so, or as needed to effectively implement the provisions herein.

Dan Davis
Vice Chairman

1505#025

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries Wildlife and Fisheries Commission

Spring Shrimp Season Opening Dates

In accordance with the emergency provisions of R.S. 49:953 of the Administrative Procedure Act which allows the Wildlife and Fisheries Commission to use emergency procedures to set shrimp seasons and R.S. 56:497 which provides that the Wildlife and Fisheries Commission shall fix no less than two open seasons each year for all or part of inside waters and shall have the authority to open or close outside waters and to increase the minimum mesh size provided in R.S. 56:499 for any trawl, skimmer net, or butterfly net for the duration of any special shrimp season or regular shrimp season extension, the Wildlife and Fisheries Commission does hereby set the 2015 Spring Shrimp Season in Louisiana state waters to open as follows:

That portion of state inside waters from the Mississippi/Louisiana state line to the eastern shore of South Pass of the Mississippi River to open at 6:00 am May 18, 2015, and,

That portion of state inside waters from the eastern shore of South Pass of the Mississippi River westward to the western shore of Freshwater Bayou to open at 6:00 am May 18, 2015, and,

That portion of state inside waters from the western shore of Freshwater Bayou westward to the Louisiana/Texas state line to open at 6:00 am May 18, 2015, and,

That portion of state outside waters extending a distance of 3 nautical miles seaward of the inside/outside shrimp line as described in R.S. 56:495 from the Atchafalaya River Ship Channel at Eugene Island as delineated by the River Channel Buoy Line to the western shore of Freshwater Bayou at -92 degrees 18 minutes 33 seconds west longitude to open at 6:00 am May 18, 2015.

The commission also hereby grants authority to the Secretary of the Department of Wildlife and Fisheries to delay or advance these opening dates if biological and technical data indicate the need to do so, and; to close any portion of Louisiana's inside waters to protect small juvenile white shrimp if biological and technical data indicate the need to do so, or enforcement problems develop. The Secretary is further granted the authority to open any area, or re-open any previously closed area, and to open and close special shrimp seasons in any portion of state waters.

Edwin "Pat" Manuel
Chairman

1505#024

Rules

RULE

Department of Agriculture and Forestry Office of Agricultural and Environmental Sciences Agricultural Chemistry and Seed Commission

Seeds (LAC 7:XIII.121, 719 and 767)

Under the enabling authority of R.S. 3:1433, and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, and the Agricultural Chemistry and Seed Commission adopted these rules and regulations to amend LAC 7:XIII. §121 to include a revised seed laboratory fee schedule; to amend §719 to remove DNA fingerprinting requirements from the smooth cordgrass certification standards, and to create new §767 to establish peanut seed certification standards.

The amendment to LAC 7:XIII.121 increases the testing service fees for persons requesting a complete purity and germination test on single component samples and for all germination and purity testing services for mixture samples; Tetrazolium tests; seed count tests; and varietal purity tests. This Section also includes the addition of several new testing services and fees: all state noxious weed seed examination; 8 lb. red rice examination; an hourly fee for custom, contaminated or extraordinary samples; and a fee schedule for all similar seed kinds not specifically listed in the fee schedule. The Rule also re-formats the fee schedule to make it more understandable to the reader.

In addition, LAC 7:XIII.719 removes the DNA fingerprinting requirements used for the identification of certified smooth cordgrass varieties. These requirements have been removed until such time as more indicative testing methods can be developed.

Finally, this Rule includes LAC 7:XIII.767, a new Section that has been added to create peanut seed certification standards in order to allow peanut seeds to be certified in Louisiana. Currently, growers are relying on out-of-state certification agencies to provide certified inspection services.

Title 7

AGRICULTURE AND ANIMALS

Part XIII. Seeds

Chapter 1. General Provisions

Subchapter B. Fees

§121. License Fee; Laboratory and Sampling Fees (Formerly §113)

A. Seed Dealer's License. The annual fee for a seed dealer's license shall be \$100. The seed dealer's license shall be renewed annually, and is based on the fiscal year July 1 through June 30.

B. Laboratory and Sampling Fees. The following laboratory and sampling fees shall be applicable to all seed testing conducted by LDAF.

1. Purity and Germination Examinations Using Association of Official Seed Analysts (AOSA) or Federal Seed Act (FSA) Procedures

Seed Kind (1,2)	Purity (3,4)	Germination (4)	Tetrazolium viability	Seed kind (1,2)	Purity (3,4)	Germination (4)	Tetrazolium viability
Alfalfa	\$10.00	\$10.00	\$25.00	Leek	\$10.00	\$10.00	\$25.00
Arugula	\$10.00	\$10.00	\$25.00	Lespedeza	\$10.00	\$10.00	\$25.00
Asparagus	\$10.00	\$10.00	\$25.00	Lettuce	\$10.00	\$10.00	\$25.00
Bahiagrass	\$20.00	\$20.00	\$25.00	Melon	\$10.00	\$10.00	\$25.00
Basil, Sweet	\$10.00	\$10.00	\$25.00	Millet	\$10.00	\$10.00	\$25.00
Bean	\$10.00	\$10.00	\$25.00	Mustard	\$10.00	\$10.00	\$25.00
Beet	\$10.00	\$10.00	\$25.00	Oats	\$10.00	\$10.00	\$25.00
Bentgrass	\$20.00	\$20.00	\$25.00	Onion	\$10.00	\$10.00	\$25.00
Bermudagrass	\$20.00	\$20.00	\$25.00	Orchardgrass	\$20.00	\$20.00	\$25.00
Bluegrass	\$20.00	\$20.00	\$25.00	Pak-choi	\$10.00	\$10.00	\$25.00
Broccoli	\$10.00	\$10.00	\$25.00	Parsley	\$10.00	\$10.00	\$25.00
Brussels Sprouts	\$10.00	\$10.00	\$25.00	Peanut	\$10.00	\$10.00	\$25.00
Buckwheat	\$10.00	\$10.00	\$25.00	Peas	\$10.00	\$10.00	\$25.00
Cabbage	\$10.00	\$10.00	\$25.00	Pepper	\$10.00	\$10.00	\$25.00
Cantaloupe	\$10.00	\$10.00	\$25.00	Pine	\$10.00	\$10.00	\$25.00
Carpetgrass	\$20.00	\$20.00	\$25.00	Plantain	\$10.00	\$10.00	\$25.00
Carrot	\$10.00	\$10.00	\$25.00	Pumpkin	\$10.00	\$10.00	\$25.00
Cauliflower	\$10.00	\$10.00	\$25.00	Radish	\$10.00	\$10.00	\$25.00
Celery	\$10.00	\$10.00	\$25.00	Rape	\$10.00	\$10.00	\$25.00
Centipedegrass	\$20.00	\$20.00	\$25.00	Rice	\$10.00	\$10.00	\$25.00
Chicory	\$10.00	\$10.00	\$25.00	Rutabaga	\$10.00	\$10.00	\$25.00
Chives	\$10.00	\$10.00	\$25.00	Rye	\$10.00	\$10.00	\$25.00
Chufa	\$10.00	\$10.00	\$25.00	Ryegrass	\$20.00	\$20.00	\$25.00
Clover	\$10.00	\$10.00	\$25.00	Sage	\$10.00	\$10.00	\$25.00
Collards	\$10.00	\$10.00	\$25.00	Sorghum	\$10.00	\$10.00	\$25.00
Coriander	\$10.00	\$10.00	\$25.00	Soybeans	\$10.00	\$10.00	\$25.00
Corn	\$10.00	\$10.00	\$25.00	Spinach	\$10.00	\$10.00	\$25.00

Seed Kind (1,2)	Purity (3,4)	Germination (4)	Tetrazolium viability	Seed kind (1,2)	Purity (3,4)	Germination (4)	Tetrazolium viability
Cornsalad	\$10.00	\$10.00	\$25.00	Squash	\$10.00	\$10.00	\$25.00
Cotton	\$10.00	\$10.00	\$25.00	Sunflower	\$10.00	\$10.00	\$25.00
Cucumber	\$10.00	\$10.00	\$25.00	Thyme	\$10.00	\$10.00	\$25.00
Dill	\$10.00	\$10.00	\$25.00	Timothy	\$20.00	\$20.00	\$25.00
Eggplant	\$10.00	\$10.00	\$25.00	Tomato	\$10.00	\$10.00	\$25.00
Endive	\$10.00	\$10.00	\$25.00	Triticale	\$10.00	\$10.00	\$25.00
Fescue	\$20.00	\$20.00	\$25.00	Turnip	\$10.00	\$10.00	\$25.00
Gourd	\$10.00	\$10.00	\$25.00	Vetch	\$10.00	\$10.00	\$25.00
Greens	\$10.00	\$10.00	\$25.00	Watermelon	\$10.00	\$10.00	\$25.00
Herb	\$10.00	\$10.00	\$25.00	Wheat	\$10.00	\$10.00	\$25.00
Kale	\$10.00	\$10.00	\$25.00	Zoysiagrass	\$20.00	\$20.00	\$25.00
Kohlrabi	\$10.00	\$10.00	\$25.00	Zucchini	\$10.00	\$10.00	\$25.00
Lab Lab	\$10.00	\$10.00	\$25.00				

(1) Samples of seeds that are unclean, field run or containing high inert matter shall be charged an additional \$10.00 per sample.

(2) Fees for tests on seed kinds not listed shall be based on the cost of a kind with a similar test.

(3) Includes Louisiana Noxious Weed Seed Examination

(4) For germination tests of mixtures of two or more kinds of seed, the fee is the sum of the fees established for germination tests for the components of the mixture. For a purity analysis performed in conjunction with a germination analysis of seed mixtures, the fee is the same as for that component of the mixture for which the highest charge would be made if separately analyzed. For purity analysis not performed in conjunction with a germination analysis the fee is the sum of the fees established for the purity tests for the components of the mixture if separately analyzed.

2. All State Noxious Weed Seed Examination—\$20. Species appearing on the USDA state noxious-weed seed requirements recognized in the administration of the FSA, reported as number found and rate per unit weight.

3. Seed Count—\$10. Used to determine the amount of seed contained within a sample.

4. Seed Vigor Test—\$20. Including, but not limited to, accelerated aging and cool germination tests.

5. Varietal Purity—\$20. Including, but not limited to, seed and seedling morphology and fluorescence tests.

6. Red Rice Examination, 4 lb.—\$10; 8 lb.—\$20. Examination of rice sample for the presence of red rice.

7. Herbicide Bioassay—\$25.

8. Service Sample taken by LDAF Inspector—\$15. Sample taken in accordance with the AOSA or FSA seed sampling procedures.

9. Priority Rush Sample—\$25. A priority rush may be requested by the person submitting a sample for testing. Priority rush samples will be processed immediately upon receipt of sample; however, availability of sample results will depend upon the seed kind and the type of tests requested.

10. Hourly Fee—\$50. Applies to especially contaminated or extraordinary samples; also used for custom work such as sample preparation and special bulk samples. Total final cost to be negotiated and agreed upon by both parties prior to work being performed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Seed Commission, LR 4:105 (April 1978), amended LR 7:164 (April 1981), amended by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 12:825 (December 1986), LR 14:603 (September 1988), LR 29:2632 (December 2003), LR 36:1220 (June 2010), LR 37:1373 (May 2011), repromulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Agricultural Chemistry and Seed Commission, LR 39:2704 (October 2013), amended LR 40:745 (April 2014), LR 41:911 (May 2015).

Chapter 7. Certification of Specific Crops/Varieties

Subchapter A. Grasses and Clovers

§719. Smooth Cordgrass (*Spartina alterniflora*)

Certification Standards

(Formerly §193)

A. - B. ...

* * *

C. Production Requirements. To be eligible for the production of all certified classes, production ponds and containers/tanks shall be left undisturbed for a minimum of four weeks prior to planting, and found to be free of smooth cordgrass and noxious and objectionable weeds.

1. Pond Requirements of Vegetatively Propagated Stock

- Ponds shall be contained by levees.
- Only one variety shall be grown per pond.
- Ponds of different varieties must be separated by the minimum isolation distance at all points.
- Ponds must have individual water supplies and water drainage capabilities for each produced variety.
- All seed heads shall be routinely removed from plants after flowering begins to ensure viable seed are not produced.

f. Vegetative production ponds of the “certified class” only may be located within natural tidal influenced areas.

2. Container/Tank Requirements of Vegetatively Propagated Plant Stock

- Soil used for container/tank production shall:
 - come from an area that has not produced smooth cordgrass for a minimum of one year; and
 - be free of visible smooth cordgrass rhizomes and stems prior to transplanting.
- Only one variety shall be grown per container/tank.
- Different varieties shall be grown in separate tanks and shall have individual water supplies and drainage capabilities.

d. All seed heads shall be routinely removed from plants after flowering begins to ensure viable seed are not produced.

3. Seed Production Pond Requirements

a. Ponds shall be contained by levees.

b. Ponds containing different varieties must be separated by the minimum isolation distance at all points.

D. Grower Inspections

1. Production ponds, tanks, and containers shall be routinely inspected by the grower to ensure that all requirements of this Section are being met.

E. LDAF Inspections. Production ponds and containers/tanks shall be made accessible for inspection by the grower.

1. Production ponds and containers/tanks shall be inspected by LDAF within four weeks prior to transplanting to ensure production ponds and containers/tanks are free of volunteer smooth cordgrass plants and noxious and objectionable weeds. All ponds and containers/tanks shall be non-flooded at time of pre-plant inspection.

2. Shall be inspected by LDAF a minimum of once a year, after transplanting, to ensure that all requirements of this Section are being met.

3. Additional inspections may be performed at the discretion of LDAF at any time without prior notice.

F. Field Standards Production Ponds/Containers/Tanks

(4) Including, but not limited to the following crop species: *Spartina patens* (Marshhay cordgrass), *Spartina cynosuroides* (Big cordgrass), *Spartina spartinae* (Gulf cordgrass), *Distichlis spicata* (Saltgrass), *Schoenoplectus californicus* (California bulrush), *Paspalum vaginatum* (Seashore paspalum)

G. Seed Standards

1. All generations of seed shall contain a pure seed content, excluding coating material, of not less than 90 percent.

2. All seed packages shall be labeled in such a manner as to meet the minimum seed labeling requirement of the seed law, this Part, and the Federal Seed Act and accompanying rules and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 37:2983 (October 2011), LR 39:1761 (July 2013), repromulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Agricultural Chemistry and Seed Commission, LR 39:2720 (October 2013), amended LR 40:753 (April 2014), LR 41:912 (May 2015).

Subchapter B. Grain and Row Crop Seeds

§767. Peanut Seed Certification Standards

A. Field Inspection. A field inspection shall be made by LDAF at maturity, but prior to harvesting.

Factor	Foundation and Tested G1 Germplasm	Registered and Tested G2 Germplasm	Certified and Tested G3 Germplasm	Seed Production Fields (All Generations)
Maximum Unit Life (1)	4 years	6 years	Unlimited	5 years
Land Requirements	1 year	1 year	1 year	1 year
Isolation:				
Pond Production	20 ft.	20 ft.	20 ft.	1200 ft.
Tank Production	One variety per tank	One variety per tank	One variety per tank	N/A
Container Production	Different varieties must be separated and clearly identified	Different varieties must be separated and clearly identified	Different varieties must be separated and clearly identified	N/A
Plant Variants:				
Visual Inspections	3 plants per 5,400 ft ²	5 plants per 5,400 ft ²	10 plants per 5,400 ft ²	10 plants per 5,400 ft ²
Harmful Diseases (2)	None	None	None	None
Noxious or Objectionable Weeds (3)	None	None	≤ 5 plants per 5,400 ft ²	≤ 5 plants per 5,400 ft ²
Other crops (4)	None	None	≤ 5 plants per 5,400 ft ²	≤ 5 plants per 5,400 ft ²

(1) Production unit life from date of transplant. No maximum age for a certified class production unit so long as the unit continues to meet all requirements of this Section.

(2) Diseases determined in accordance with the Louisiana Ag Experiment Station and LDAF to seriously affect the quality of seed or vegetatively propagated stock

(3) Including, but not limited to the following weed species: *Salvinia* spp. (Salvinia), *Cyperus* spp. (Sedge), *Eleocharis* spp. (Spike rush), *Phragmites australis* (Roseau cane), *Typha* spp. (Cattail)

Factor	Standards for classes		
	Foundation	Registered	Certified
Land requirement	1 year	1 year	1 year
Isolation	50 feet	25 feet	25 feet
Other varieties or types	None	0.2 percent	0.5 percent

B. Seed Standards. A representative sample of at least one pound of seed in its saleable condition and 1-1/2 pounds of untreated seed shall be submitted to the LDAF for laboratory analysis.

Factor	Standards for classes		
	Foundation	Registered	Certified
Pure seed (minimum allowed)	90.00 percent	90.00 percent	90.00 percent
Inert matter (maximum allowed)	10.00 percent	10.00 percent	10.00 percent
Prohibited weeds (maximum allowed) ¹	None	None	None
Weed seed (maximum allowed) ²	0.01 percent	0.01 percent	0.01 percent
Other kinds including other varieties (maximum allowed) ³	None	0.21 percent	0.52 percent
Other kinds (maximum allowed)	None	0.01 percent	0.02 percent
Other varieties (maximum allowed)	None	0.20 percent	0.50 percent
Germination (minimum allowed)	75.00 percent	75.00 percent	75.00 percent

¹Refer to Section §109

²Total weed seed shall not exceed five seeds per lb.

³Other kinds shall not exceed two seeds per lb. for Foundation; two seeds per lb. for Registered; three seeds per lb. for Certified.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Agricultural Chemistry and Seed Commission, LR 41:913 (May 2015).

Mike Strain, DVM
Commissioner

1505#016

RULE

Department of Children and Family Services Economic Stability Section

TANF Initiatives (LAC 67:III.5541 and 5579)

In accordance with the provisions of the Administrative Procedure Act R.S. 49:953(A), the Department of Children and Family Services (DCFS) has amended LAC 67:III, Subpart 15, Temporary Assistance for Needy Families (TANF) Initiatives, Chapter 55, TANF Initiatives, Section 5541, Court-Appointed Special Advocates and adopted Section 5579, State Child Care Tax Credit.

Pursuant to Louisiana's Temporary Assistance for Needy Families (TANF) block grant, amendment of Section 5541 is necessary to indicate that the initiative is reasonably expected to accomplish TANF goal three, to prevent and reduce out-of-wedlock pregnancies, and adoption of Section 5579 is necessary to govern the collection of eligible child care tax credit expenditures for low-income individuals and families who have a qualified dependent that may be counted as maintenance of effort (MOE) for the TANF grant.

Title 67

SOCIAL SERVICES

Part III. Economic Stability

Subpart 15. Temporary Assistance for Needy Families (TANF) Initiatives

Chapter 55. TANF Initiatives

§5541. Court-Appointed Special Advocates

A. The department shall enter into an agreement with the Supreme Court of Louisiana to provide services to needy children identified as abused or neglected who are at risk of being placed in foster care or, are already in foster care. Community advocates provide information gathering and reporting, determination of and advocacy for the children's best interests, and case monitoring to provide for the safe and stable maintenance of the children in their own homes or the return of children to their own homes or the homes of a relative.

B. The services meet TANF goal 1, to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives by ensuring that the time children spend in foster care is minimized, and TANF goal three, to prevent and reduce the incidence of out-of-wedlock pregnancies by providing the child with support and guidance and with encouragement and empowerment to be successful in becoming a responsible decision maker.

C. Eligibility for services is limited to needy families, that is, one in which any member receives a Family Independence Temporary Assistance Program (FITAP) grant, Kinship Care Subsidy Program (KCSP) grant, Supplemental Nutritional Assistance Program (SNAP) benefits, Child Care Assistance Program (CCAP) services, title IV-E, Medicaid, Louisiana Children's Health Insurance Program (LaCHIP) benefits, supplemental security income (SSI), free or reduced school lunch, or who has earned income at or below 200 percent of the federal poverty level. A family consists of minor children residing with custodial parents, or caretaker relatives of minor children.

D. Services are considered non-assistance by the department.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 46:231 and R.S. 36:474, Act 12, 2001 Reg. Session; Act 1, 2004 Reg. Session, and Act 18, 2007 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 28:871 (April 2002), amended LR 31:485 (February 2005), LR 34:694 (April 2008), amended by the Department of Children and Family Services, Economic Stability Section, LR 41:914 (May 2015).

§5579. State Child Care Tax Credit

A. The department shall enter into a memorandum of understanding with the Louisiana Department of Revenue to collect information on state child care tax credit expenditures for the purpose of claiming eligible expenditures that may count as maintenance of effort (MOE) effective TANF state plan FY 2014 for the Temporary Assistance for Needy Families (TANF) grant. The state child care tax credit is an annual refundable tax credit for low-income individuals and families who have a qualified dependent who is under the age of 13, and the parent or qualified relative has paid someone to provide care for the qualified dependent so that they can work or look for work. Also, this credit may be available if a nonresident or part-year resident individual income tax return for Louisiana is filed when the child care expenses have been incurred in Louisiana during the time as a resident.

B. These services meet TANF goal two, to end dependence of needy parents on government benefits, by promoting job preparation, work, and marriage.

C. Eligibility for services attributable to TANF/MOE funds is limited to those families with minor children as noted above who meet the Louisiana Department of Revenue child care tax credit eligibility standards. The earned income must be \$25,000 or less, in order for this credit to be refunded. The individuals or families must meet the same tests for earned income, qualifying dependents, and qualifying expenses as required by the Internal Revenue Service. A family consists of minor children residing with custodial parents or caretaker relatives of minor children.

D. Services are considered non-assistance by the department.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., P.L. 104-193, and R.S. 36:474.

HISTORICAL NOTE: Promulgated by the Department of Children and Family Services, Economic Stability Section, LR 41:914 (May 2015).

Suzy Sonnier
Secretary

1505#018

RULE

Board of Elementary and Secondary Education

Bulletin 741—Louisiana Handbook for
School Administrators (LAC 28:CXV.2318)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education has amended *Bulletin 741—Louisiana Handbook for School Administrators*: Chapter 23, Curriculum and Instruction. The revision designates media arts I, II, III, and IV as approved art equivalents for the TOPS university diploma.

Title 28

EDUCATION

Part CXV. Bulletin 741—Louisiana Handbook for School Administrators

Chapter 23. Curriculum and Instruction

Subchapter A. Standards and Curricula

§2318. The TOPS University Diploma

A. - C.3.e.i. ...

f. art—one unit chosen from the following:

- i. art (§2333);
- ii. music (§2355);
- iii. dance (§2337);
- iv. theatre (§2369);
- v. speech III and IV—one unit combined;
- vi. fine arts survey;
- vii. drafting;
- viii. media arts (§2354);

3.g. - 6.a.vi. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7, R.S. 17:24.4, R.S. 17:183.2, and R.S. 17:395.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1291 (June 2005), amended LR 31:2211 (September 2005), LR 31:3070 (December 2005), LR 31:3072 (December 2005), LR 32:1414 (August 2006), LR 33:429 (March 2007), LR 33:432 (March 2007), LR 33:2050 (October 2007), LR 33:2354 (November 2007), LR 33:2601 (December 2007), LR 34:1607 (August 2008), LR 36:1486 (July 2010), LR 37:547 (February 2011), LR 37:1128 (April 2011), LR 37:2129 (July 2011), LR 37:2132 (July 2011), LR 37:3193 (November 2011), LR 38:754, 761 (March 2012), LR 38:1001 (April 2012), LR 38:1584 (July 2012), LR 40:994 (May 2014), LR 40:1328 (July 2014), LR 40:1679 (September 2014), LR 40:2525 (December 2014), LR 41:915 (May 2015).

Shan N. Davis
Executive Director

1505#002

RULE

Board of Elementary and Secondary Education

Bulletin 741 (Nonpublic)—Louisiana Handbook for
Nonpublic School Administrators (LAC 28:LXXIX.2109)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary

Education has amended *Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators*: Chapter 21, Curriculum and Instruction. The revision designates media arts I, II, III, and IV as approved art equivalents for the TOPS university diploma.

Title 28

EDUCATION

Part LXXIX. Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators

Chapter 21. Curriculum and Instruction

Subchapter C. Secondary Schools

§2109. High School Graduation Requirements

A. - D.5.a. ...

6. art—one unit from the following:

- a. art (§2305);
- b. music (§2325);
- c. dance (§2309);
- d. theatre (§2337);
- e. speech III and IV—one unit combined;
- f. fine arts survey;
- g. drafting;
- h. media arts (§2324);

D.7. - F.3.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), (11), and (15), R.S. 17:7(6), R.S. 17:10, R.S. 17:22(6), R.S. 17:391.1-391.10, and R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2351 (November 2003), amended LR 30:2776 (December 2004), LR 31:3081 (December 2005), LR 34:2099 (October 2008), LR 36:2849 (December 2010), LR 37:2142, 2144 (July 2011), repromulgated LR 37:2390 (August 2011), amended LR 37:2597 (September 2011), LR 38:769 (March 2012), LR 38:1008 (April 2012), LR 39:1444 (June 2013), LR 40:1682 (September 2014), LR 40:2535 (December 2014), LR 41:915 (May 2015).

Shan N. Davis
Executive Director

1505#004

RULE

Board of Elementary and Secondary Education

Bulletin 746—Louisiana Standards for
State Certification of School Personnel
(LAC 28:CXXXI.204, 243, 341, 344, 604, and 605)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education has amended *Bulletin 746—Louisiana Standards for State Certification of School Personnel*: §204, Minimum Requirements for Approved Regular Education Programs for Birth to Kindergarten; §243, PRAXIS Exams and Scores; §341, Introduction; §344, Early Childhood Ancillary Certificate; §604, Requirements to add Birth to Kindergarten; and §605, Requirements to add Early Childhood (Grades PK-3). The revisions include the creation of a birth to kindergarten teaching certificate and the creation of an early childhood ancillary certificate.

**Title 28
EDUCATION**

**Part CXXXI. Bulletin 746—Louisiana Standards for
State Certification of School Personnel
Chapter 2. Louisiana Educator Preparation
Programs
Subchapter A. Traditional Teacher Preparation
Programs**

**§204. Minimum Requirements for Approved Regular
Education Programs for Birth to Kindergarten**

A. For certification as a teacher of birth to kindergarten children in the state of Louisiana, the focus is on birth to kindergarten education.

1. General Education—39 semester credit hours. Requirements provide the birth to kindergarten teacher with basic essential knowledge and skills.

English	12 semester hours
Mathematics	6 semester hours
Sciences	9 semester hours
Social studies	9 semester hours
Arts	3 semester hours

2. Focus Area—Birth to Kindergarten—30 semester credit hours. Requirements provide the prospective birth to kindergarten teacher with a strong foundation pertaining to the growth and development of young children. All courses are to be aligned to state and national standards for birth to kindergarten.

Birth to kindergarten content knowledge and instruction identified by the State as being required for an Early Childhood/Ancillary Certificate	9 semester credit hours
Infant/Toddler and Preschool/Kindergarten Development	6 semester credit hours
Infant/Toddler and Preschool/Kindergarten Methodology	6 semester credit hours
Language and Literacy Development	3 semester credit hours

B. Content and Pedagogy Requirements

Certification Area	Name of Praxis Test	Content Exam Score	Pedagogy: Principles of Learning and Teaching		
			PLT K-6 (#0622 or 5622)	PLT 5-9 (#0623 or 5623)	PLT 7-12 (#0624 or 5624)
Birth to Kindergarten	Early Childhood Content Knowledge (5022/5025 after September 2015)	160 (for 5022)	PLT: Early Childhood 0621 or 5621 (Score 157)		
	OR				
	Education of Young Children (5024)	160			
	OR				
	PreK Education (5531)	155			

Family Systems and Practicum	6 semester credit hours
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3. Knowledge of the Learner and Learning Environment—9 semester credit hours. Requirements provide the prospective birth to kindergarten teacher with a fundamental understanding of the birth to kindergarten learner and the teaching and learning process. Coursework should address the needs of the regular and the exceptional child, as follows:

- educational psychology;
- assessment of young children;
- behavior management;
- diverse/multicultural education.

4. Methodology and Teaching—15 semester hours. Requirements provide the prospective birth to kindergarten teacher with fundamental pedagogical skills.

Teaching methodology	6 semester hours
Advanced Language Development and Literacy	6 semester hours
Professional Teaching Residency and Seminar I and Professional Teaching Residency and Seminar II	24 semester hours
Flexible hours for the university's use	6 semester hours
Total required hours in the program	120 semester hours

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:17:6(A)(10), (11), and (15), R.S. 17:7(6), and R.S. 17:407.81.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:916 (May 2015).

Subchapter D. Testing Required for Licensure Areas

§243. PRAXIS Exams and Scores

A. A teacher applicant for certification must successfully complete the appropriate written or computer delivered tests identified prior to Louisiana teacher certification.

1. - 2. ...

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), and (15), R.S. 17:7(6), R.S. 17:10, R.S. 17:22(6), R.S. 17:391.1-391.10, and R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1833 (October 2006), amended LR 36:485 and 488 (March 2010), LR 36:2265 (October 2010), LR 37:551 (February 2011), repromulgated LR 37:556 (February 2011), amended LR 37:3210 (November 2011), LR 39:1461 (June 2013), LR 40:277 (February 2014), LR 40:1680 (September 2014), LR 41:916 (May 2015).

Chapter 3. Teaching Authorizations and Certifications

Subchapter C. Ancillary Teaching Certificates

§341. Introduction

A. Ancillary certificates are issued by Louisiana for those who provide teaching, support, administrative, or supervisory services to children in pre-k-12 schools and early learning centers serving children ages birth to five. See Chapter 4 of this bulletin for an explanation of ancillary certificates issued for those who provide support services in pre-k-12 schools and early learning centers serving children ages birth to five. See Chapter 7 of this bulletin for an explanation of ancillary certificates issued for those who provide administrative and supervisory services in pre-k-12 schools. There are six types of ancillary teaching certificates: ancillary artist or talented certificate, early childhood ancillary certificate, nonpublic Montessori teacher certificate, a certificate for family and consumer sciences—occupational programs, Junior Reserve Officers Training Corps instructor (ROTC), and math for professionals certificate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), (11), and (15), R.S. 17:7(6), R.S. 17:10, R.S. 17:22(6), R.S. 17:391.1-391.10, and R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1805 (October 2006), amended LR 41:917 (May 2015).

§344. Early Childhood Ancillary Certificate

A. The early childhood ancillary certificate authorizes an individual to teach in a publicly-funded early learning center serving children ages birth to five as defined in R.S. 17:407.33, unless program requirements mandate a professional level certificate. After June 30, 2019, an individual shall have, at a minimum, an early childhood ancillary certificate to serve as a lead teacher in a publicly-funded early learning center.

B. Early Childhood Ancillary Certificates Issued

1. **Eligibility Requirements.** An early childhood ancillary certificate shall be issued to an applicant who submits evidence of one of the following to the LDE:

a. a bachelor's degree or higher from a regionally accredited college or university;

b. a current child development associate (CDA) credential, either infant/toddler or preschool, awarded by the Council for Professional Recognition and a high school diploma or equivalent. After January 1, 2018, coursework for the CDA shall be earned from a BESE-approved provider for initial CDA credentials and subsequent renewals. After January 1, 2018, applicants who obtained a CDA or

completed coursework from a provider that is not BESE-approved while residing in another state shall submit additional documentation of program components for approval. Coursework counting towards the early childhood ancillary certificate shall include at least 10 training hours in each of the following subject areas:

- i. planning and implementing a safe and healthy learning environment;
- ii. advancing children's physical and intellectual development;
- iii. supporting children's social and emotional development;
- iv. building productive relationships with families;
- v. managing an effective program operation;
- vi. maintaining a commitment to professionalism;
- vii. observing and recording children's behavior;
- viii. understanding principles of child development and learning;

c. an associate degree in an early childhood related field from a regionally accredited college or university;

d. a technical diploma or certificate of technical studies in an early childhood related field from an accredited technical or community college. After January 1, 2018, coursework for technical diplomas and certificates of technical studies shall be earned from a BESE-approved provider;

e. a career diploma that has been approved by the Louisiana Pathways Career Development System, and is earned prior to January 1, 2018.

2. Renewal Guidelines

a. For individuals meeting eligibility requirements with a CDA, the early childhood ancillary certificate shall be valid for a three-year period. The ancillary certificate may be renewed by the LDE at the request of the applicant's employer with submission of either documentation of a renewed CDA credential, awarded by the Council for Professional Recognition, or documentation of:

i. either 4.5 continuing education units, a 3 credit-hour course, or 45 clock hours of training in early childhood care and education; and

ii. a minimum of 80 hours of work experience with young children or families with young children within the last three years.

b. For individuals meeting eligibility requirements with a bachelor's degree or higher, associate degree, technical diploma, certificate of technical studies, or career diploma, the early childhood ancillary certificate shall be valid for a three-year period. The certificate may be renewed by the LDE at the request of the applicant's employer with submission of documentation of:

i. either 4.5 continuing education units, a 3 credit-hour course, or 45 clock hours of training in early childhood care and education; and

ii. a minimum of 80 hours of work experience with young children or families with young children within the last three years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:17:6(A)(10), (11), and (15), R.S. 17:7(6), and R.S. 17:407.81.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:917 (May 2015).

Chapter 6. Endorsements to Existing Certificates
Subchapter A. Regular Education Level and Area
Endorsements

§604. Requirements to add Birth to Kindergarten

A. Individuals holding a valid early childhood certificate (e.g., PK-K, PK-3), elementary certificate (e.g., 1-4, 1-5, 1-6, or 1-8) or early interventionist certificate must achieve one of the following:

1. successfully teach on an extended endorsement license (EEL) certificate in birth to kindergarten for one year in an approved Louisiana licensed child care facility or publicly-funded early childhood program based on criteria determined by the LDE;

2. passing score for Praxis—principles of learning and teaching early childhood (0621 or 5621); or

3. 12 semester hours of combined early childhood and kindergarten coursework.

B. The certificated teacher's Louisiana employing authority must verify that he/she has completed one year of successful teaching experience in birth to kindergarten in an approved Louisiana licensed child care facility and recommend the applicant for further employment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), (11), and (15), R.S. 17:7(6), R.S. 17:10, and R.S. 17:22(6).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:918 (May 2015).

§605. Requirements to add Early Childhood (Grades PK-3)

A. Individuals holding a valid elementary certificate (e.g., 1-4, 1-5, 1-6, or 1-8) must achieve one of the following:

1. successfully teach on an extended endorsement license (EEL) certificate in birth to kindergarten for one year in an approved Louisiana licensed child care facility or publicly-funded early childhood program based on criteria determined by the LDE;

2. passing score for Praxis—principles of learning and teaching early childhood (0621 or 5621); or

3. 12 semester hours of combined early childhood and kindergarten coursework.

B. Individuals holding a valid upper elementary or middle school certificate (e.g., 4-8, 5-8, 6-8), secondary school certificate (e.g., 6-12, 7-12, 9-12), special education certificate (other than early interventionist), or an all-level K-12 certificate (art, dance, foreign language, health, physical education, health and physical education, music) must achieve the following:

1. passing score for Praxis—elementary education: content knowledge or multiple subjects exam (5001 or 5018);

2. passing score for Praxis—principles of learning and teaching early childhood (0621 or 5621) or accumulate 12 credit hours of combined nursery school and kindergarten coursework.

C. Individuals holding a valid early interventionist certificate must achieve the following:

1. passing score for Praxis—elementary education: content knowledge or multiple subjects exam (5001 or 5018);

2. 12 credit hours of combined nursery school and kindergarten coursework (art, math, science, social studies); and

3. 9 semester hours of reading coursework or passing score for Praxis—teaching reading exam (0204 or 5204).

D. Individuals holding a valid birth to kindergarten certificate must achieve the following:

1. passing score for Praxis—elementary education: content knowledge or multiple subjects exam (5018 or 5001); and

2. nine semester hours of reading coursework or passing score for Praxis—teaching reading exam (0204 or 5204).

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), (11), and (15), R.S. 17:7(6), R.S. 17:10, R.S. 17:22(6), R.S. 17:391.1-391.10, and R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1815 (October 2006), amended LR 37:883 (March 2011), repromulgated LR 37:1561 (June 2011), amended LR 37:3215 (November 2011), LR 38:44 (January 2012), LR 39:1464 (June 2013), LR 41:918 (May 2015).

Shan N. Davis
Executive Director

1505#005

RULE

Board of Elementary and Secondary Education

Bulletin 996—Standards for Approval of Teacher
and/or Educational Leader Preparation Programs
(LAC 28:XLV.501)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education has amended *Bulletin 996—Standards for Approval of Teacher and/or Educational Leader Preparation Programs*: §501, Process/Procedures. The amendment adds the Early Childhood Ancillary Certificate Program to the list of programs for which in-state and out-of-state non-university providers may seek approval.

Title 28

EDUCATION

**Part XLV. Bulletin 996—Standards for Approval of
Teacher and/or Educational Leader Preparation
Programs**

**Chapter 5. State Approval for Non-University
Private Provider Teacher and/or
Educational Leader Preparation
Programs**

§501. Process/Procedures

A. In-state and out-of-state non-university private providers seeking state approval may submit proposals to the Louisiana Department of Education for a practitioner teacher program, certification-only alternate teacher program, educational leader practitioner program, and early childhood ancillary certificate program that leads to Louisiana licensure as a teacher or educational leader.

B. Proposals must be submitted using the private provider application packet available at www.teachlouisiana.net and must include the following:

1. cover page signed by the program director;
2. program overview briefly describing the program, including goals of the program and the design to accomplish the goals;
3. documentation of collaborative agreements with school districts/charter schools to develop and implement the program, provide mentoring for candidates and improve the program once implemented;
4. a description of the process used to recruit, screen and select outstanding candidates and support program completers;
5. evidence that the curriculum is aligned to the requirements set forth in *Bulletin 746—Louisiana Standards for State Certification of School Personnel*;
6. measurable objectives that clearly identify the most critical competencies candidates will demonstrate and a description of instruments and processes used to assess performance;
7. a list of proposed resources and materials;
8. names and credentials of staff, including curriculum vitae of key personnel;
9. an audited financial statement. If one is not currently available, then the applicant must submit a written assurance that one will be provided within the first year of the program. Additionally, the proposal should delineate any costs to individual program participants and procedures for handling of all fees.

C. Private providers are limited to the submission of one proposal every 12 months. The 12-month cycle begins on the date that the proposal is received by the Louisiana Department of Education.

D. Private providers with programs established in other states must provide verification that their teacher preparation or educational leader programs are approved in the states in which they operate. In addition, the following data must be provided:

1. number of program completers;
2. certification areas approved and offered in other states;
3. letters of references from employing school districts; and
4. teacher effectiveness data, if available.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(10); R.S. 17:7(6), and R.S. 17:7.2.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:562 (February 2011), amended LR 41:918 (May 2015).

Shan N. Davis
Executive Director

1505#006

RULE

Office of the Governor Board of Home Inspectors

Home Inspectors (LAC 46:XL.Chapter 1-7)

The Board of Home Inspectors has amended LAC 46:XL.107, 109, 115, 117, 119, 120, 123, 125, 127, 133, 135, 137, 139, 141, 303, 307, 309, 311, 313, 315, 317, 319, 321, 325, 329, 501, 701, 705, 711 and 713 in accordance

with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and the Louisiana home inspector licensing law, R.S. 37:1471 et seq. The text has been amended primarily as an overhaul of the rules to correct any typographical errors, render rules consistent with each other and phrase the rules more properly. Other rules have been amended non-substantively to provide consistency with other rules. In addition, §§309, 325 and 501 are being revised to comport with Act 2014 No. 572, revising R.S. 37:1478.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XL. Home Inspectors

Chapter 1. General Rules

§107. Meetings

A. All meetings shall be held in accordance with the Louisiana open meetings law. Unless otherwise designated by the board, all meetings shall be held at the board's domicile in Baton Rouge.

B. ...

C. Special meetings shall be held at least two weeks after notification is given to each board member, unless a decision or action is required by the board within two weeks of the scheduling of a special meeting. In that case, each board member shall receive at least 24-hour's notice. The public shall be provided notice of all special meetings as soon as practicable, but no less than 24-hour's notice. Special meeting agendas are to be posted at the meeting site at least 24 hours prior to the meeting.

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1474-1475 and R.S. 42:7.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2739 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 41:919 (May 2015).

§109. Definitions

* * *

Code—the professional and occupational standards of home inspectors promulgated in LAC 46:XL.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S.37:1473 and R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2739 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1686 (August 2004), LR 36:2858 (December 2010), LR 41:919 (May 2015).

§115. Licensing Applications; Forms; Terms; Renewals; Inactive Status

A. Initial home inspector license applications are to be made on approved forms supplied by the board. Each applicant shall complete all chapters of the application. The application shall also be notarized and accompanied by two current passport sized photographs of the applicant. The application shall contain the applicant's Social Security number, however, the number shall be deleted or blackened out from any public record.

B. - C. ...

D. Any licensee who fails to timely renew his license may thereafter obtain renewal upon filing a renewal application and upon paying the appropriate renewal and

delinquent fees. The period for delinquent renewal of an expired license shall be limited to the 12-month period immediately following the expiration date of the active license. Failure to renew an expired license during such 12-month period shall require the former licensee to pass the board approved licensing examination, pay the appropriate renewal and delinquent fees, file a renewal application, and complete all continuing education requirements accruing during the period of delinquency. Failure to renew an expired license within the 36-month period immediately following the expiration date of the active license shall, in addition to the above requirements, require the licensee to retake and pass 90 hours of classroom education as set forth in the board rules and take the standards of practice and *Code of Ethics* report writing seminar offered by the board or other board approved education provider. Any home inspection performed during an expiration period is considered a violation and shall subject the licensee to disciplinary action by the board.

E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475-1477 and R.S. 37:1479.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2740 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1687 (August 2004), LR 36:2858 (December 2010), LR 37:2405 (August 2011), LR 41:919 (May 2015).

§117. Fees; Submission of Report Fees; Timeliness of Filings

A. - A.7. ...

B. Each home inspection performed by an inspector under these rules shall be subject to a \$5 state inspection fee per home inspection. This fee is to be made payable to the Louisiana state Board of Home Inspectors and is to be remitted monthly in the following manner.

1. - 3. ...

4. The board may inspect any licensee's records to insure compliance with the licensee's obligation to submit reports and remit fees. The failure of a licensee to cooperate with the board's reasonable request for said inspection shall constitute a violation of these rules.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475-1477 and R.S. 37:1479.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2740 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 34:1926 (September 2008), LR 36:2858 (December 2010), LR 41:920 (May 2015).

§119. Education/Training and Testing; Initial Licensure

A. Initial applicants for licensure must pass a board-approved licensing examination covering home inspection methods and techniques, the standards of practice set forth in §301 et seq., and code of ethics set forth in §501.

B. ...

C. The 130 hours of home inspection instruction and training shall consist of the following:

1. 90 hours of home inspection course work approved by the board and taught by a certified pre-licensing education provider as set forth in §120;

2. ...

3. 10 hours of instruction and training from a certified in-field trainer, which shall consist of attending 10 live home inspections at a residential structure where a fee is paid and a report is provided to a client.

C.4. - K. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475 and R.S. 37:1485-1487.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2741 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1687 (August 2004), LR 35:1519 (August 2009), LR 36:2858 (December 2010), LR 38:2529 (October 2012), LR 40:1003 (May 2014), LR 41:920 (May 2015).

§120. Education Providers; Qualifications

A.1. - A.5. ...

6. A *guest lecturer* is defined as an individual licensed and/or certified in a construction related field, who provides pre-license and/or continuing education instruction for an education provider.

B.1. - G.3. ...

4. All other educational providers shall provide the student with documentation, either electronically or otherwise, which clearly sets forth the title, date, location and cost of the course and the number of continuing education or field training hours that are approved by the board for the course.

H. - J.3.f. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475 and R.S. 37:1485-1487.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home inspectors, LR 30:1687 (August 2004), amended by the Office of the Governor, Board of Home Inspectors, LR 31:2011 (August 2005), LR 35:1520 (August 2009), LR 36:2859 (December 2010), LR 38:2530 (October 2012), LR 41:920 (May 2015).

§123. Home Inspection Reports; Consumer Protection

A. All home inspection reports shall comply with all requirements as set forth in the standards of practice, these rules and the home inspector licensing law.

B. - C. ...

D. Refusal to comply with this Section shall constitute cause for disciplinary action resulting in license revocation, suspension, and/or fine.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475-1477 and R.S. 37:1479-1480.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2742 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 41:920 (May 2015).

§125. Home Inspectors Record Keeping; Inspection; Production Retention

A. ...

B. Records shall be made available, upon reasonable request, to the board's representatives during normal business hours. Such request shall be made in writing on board stationery. The failure of a licensee to maintain adequate records or the failure to furnish copies of such records within 72 hours receipt of a written request by the board shall constitute a violation of this rule.

C. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2742

(December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 36:2860 (December 2010), LR 41:920 (May 2015).

§127. Insurance

A. All active, licensed home inspectors shall carry errors and omissions insurance as well as general liability insurance.

1. ...

2. Each licensee shall be notified of the required terms and conditions of coverage for the annual policy at least 30 days prior to the annual renewal date. If the required terms and conditions have not been modified from the previous year's policy, the terms and conditions for the previous year shall apply and the licensee shall not be so notified.

B. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475, R.S. 37:1477 and R.S. 37:1485.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home inspectors, LR 26:2743 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1688 (August 2004), LR 41:921 (May 2015).

§133. Report of Address Changes

A. Every licensee shall report any change in office address, residence address, office phone, and residence phone to the board, in writing, within 15 days of such change. The board shall acknowledge any change, in writing, and shall update all records accordingly.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2744 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 41:921 (May 2015).

§135. Display of License

A. - B. ...

C. A license certificate shall be displayed at the licensee's place of business. If the licensee operates from home, it is to be readily accessible.

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2744 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 41:921 (May 2015).

§137. LSBHI Funds; Deposits and Disbursements; Board Members; Reimbursement

A. All board funds received shall be paid to the Louisiana State Board of Home Inspectors through its secretary-treasurer and deposited to the board's operating account established for that purpose. Disbursements made by board shall be signed by the chairman and the secretary-treasurer. In absence of the chairman or the secretary-treasurer, the vice chairman may sign all documents with the remaining authorized signatory.

B. All fees and moneys received by the board shall be used solely to effectuate the provisions of the law and these rules. Such use may include, but is not limited to expenditures necessary for office fixtures, equipment and supplies and all other charges necessary to conduct the business of the board.

C. No board member shall receive a per diem but shall be reimbursed for actual expenses incurred when attending a meeting of the board or any of its committees and for the time spent on behalf of the board on official business not to exceed 10 days in any one month. Each board member shall be reimbursed upon approval of the board as evidenced by voucher for all necessary travel and incidental expenses incurred in carrying out the provisions of the rules of the board. No reimbursement, other than for lawful travel and mileage shall be allowed for attending any regular or special board meetings or for board related activities outside Louisiana. Reimbursement for time spent may be allowed if the board member is engaged in board business in Louisiana for the following, non-exclusive activities: participation as an appointed member of a special investigating entity; inspecting records of persons subject to the law and these rules; and reviewing and processing applications for licensure unconnected with preparation for a board meeting.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1474-1475, and R.S. 37:1489.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2744 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 41:921 (May 2015).

§139. Prohibited Acts: Penalties and Costs

A. The board may suspend or revoke any license, or censure, fine, or impose probationary or other restrictions on any licensee for good cause shown which shall include but not be limited to the following:

1. being convicted of a felony or the entering of a plea of guilty or nolo contendere to a felony charge under the laws of the United States or any other state;

2. - 3. ...

4. attempting to deceive or defraud the public;

5. - 11. ...

B. The board may fine any applicant or any member of the public for good cause shown, for activities which include, but are not limited to, the following:

1. aiding or abetting a person to evade the provisions of this Chapter or knowingly conspiring with any licensed or unlicensed person with the intent to evade the provisions of this Chapter;

2. - 3. ...

C. Violators of any of the provisions of these rules or the law may be fined by the board in an amount not to exceed \$1,000 per each separate violation.

D. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475 and R.S. 37:1486-1487.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2744 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1688 (August 2004), LR 41:921 (May 2015).

§141. Cease and Desist Orders; Injunctive Relief

A. In addition to or in lieu of the criminal penalties and administrative sanctions provided for in the law and these rules, the board may issue an order to any person engaged in any activity, conduct or practice constituting a violation of any provision of these rules to cease and desist from such activity, conduct or practice. Such order shall be issued in the name of the state and under the official seal of the board.

B. If the person directed by cease and desist order does not cease and desist the prohibited activity, conduct, or practice within two days of service of such order by certified mail, the board may seek a writ of injunction in any court of competent jurisdiction and proper venue enjoining such person from engaging in the activity, conduct or practice, and recovery of all related costs of the type described in §139.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1488.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2745 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1689 (August 2004), LR 41:921 (May 2015).

Chapter 3. Standards of Practice

§303. Definitions

A. The definitions in §109 of this Part are incorporated into this Chapter by reference. The following definitions apply to this Chapter.

* * *

Cooling System—a central system that uses ducts to distribute cooled air to more than one room or uses pipes to distribute chilled water to heat exchangers in more than one room, which system is not plugged into an electrical convenience outlet.

* * *

Component—a readily accessible and observable aspect of a system, such as a floor or wall, but not individual pieces such as boards or nails or where many similar pieces make up a component.

* * *

Deficient—Repealed.

* * *

Dismantle—to take apart or remove any component, device or piece of equipment that is bolted, screwed, or fastened by other means that would not be taken apart by a homeowner in the course of normal household maintenance.

* * *

Functional Drainage—a drain which empties in a reasonable amount of time and does not overflow when another fixture is drained simultaneously.

* * *

Further Evaluation—examination and analysis by a qualified professional or service technician whose services and qualifications exceed those possessed by a home inspector.

Heating System—a central system that uses ducts to distribute heated air to more than one room which system is not plugged into an electrical convenience outlet.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2745 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1689 (August 2004), LR 36:2861 (December 2010), LR 38:2532 (October 2012), LR 41:922 (May 2015).

§307. General Limitations

A. ...

B. This Chapter applies only to residential resale buildings.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2746 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 41:922 (May 2015).

§309. General Exclusions

A. Home inspectors are not required to inspect or report on:

1. - 5. ...

6. solicit to perform repair services on any system or component of the home which the inspector noted as significantly deficient, non-functioning or unsafe in his home inspection report for a period of one year from the date of the inspection;

7. the presence or absence of any suspected or actual adverse environmental condition or hazardous substance, including but not limited to asbestos, radon lead, mold, contaminated drywall or building components, carcinogens, noise, or contaminants, whether in the building or in soil, water, or air; however, if during the course of inspecting the systems and components of the building in accordance with the law and these rules, the home inspector discovers visually observable evidence of suspected mold or microbial growth, he shall report it;

8. - 11. ...

B. Home inspectors are not required to:

1. - 5. ...

6. disturb or move insulation, personal items, panels, furniture, equipment, soil, snow, ice, plant life, debris or other items that may obstruct access or visibility;

7. - 13. ...

14. dismantle any system or component, except as specifically required by these standards of practice; or

15. perform air or water intrusion tests or other tests upon roofs, windows, doors or other components of the structure to determine its resistance to air or water penetration.

C. Home inspectors shall not:

1. - 4. ...

5. report on the presence or absence of pests such as wood damaging organisms, rodents or insects; however the home inspector may advise the client of damages to the building and recommend further inspection by a licensed wood destroying insect inspector;

6. advertise or solicit to perform repair services on any system or component of the home which the inspector noted as deficient, significantly deficient or unsafe in his home inspection report from the time of the inspection until the date of the act of sale on the home inspected.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475 and R.S. 37:1478.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2746 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1690 (August 2004), LR 36:2862 (December 2010), LR 38:2532 (October 2012), LR 41:922 (May 2015).

§311. Structural Systems

A. The home inspector shall inspect structural components including:

1. ...
2. framing;
3. columns; and
4. piers.

B. - C.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2747 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1690 (August 2004), LR 41:923 (May 2015).

§313. Exterior System

A. - B.4. ...

C. The home inspector is not required to inspect:

1. - 8. ...
9. the presence or condition of buried fuel storage tanks;
10. - 12. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2747 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1691 (August 2004), LR 36:2862 (December 2010), LR 38:2532 (October 2012), LR 41:923 (May 2015).

§315. Roofing System

A. The home inspector shall inspect:

1. ...
2. roof drainage components;

A.3. - C.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home inspectors, LR 26:2747 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1691 (August 2004), LR 36:2862 (December 2010), LR 38:2532 (October 2012), LR 41:923 (May 2015).

§317. Plumbing System

A. - A.5. ...

B. The home inspector shall describe:

1. - 2. ...
3. water heating equipment;
4. location of main water supply shutoff device; and

B.5. - D.6.i. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home inspectors, LR 26:2747 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1691 (August 2004), LR 41:923 (May 2015).

§319. Electrical System

A. - D. ...

E. The home inspector is not required to:

1. - 3. ...
4. inspect:
 - a. ...

b. security system devices, heat detectors, carbon monoxide detectors or smoke detectors that are not part of a central system;

4.c. - 5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home inspectors, LR 26:2748 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1691 (August 2004), LR 36:2863 (December 2010), LR 38:2533 (October 2012), LR 41:923 (May 2015).

§321. Air Conditioning and Heating System

A. - D. ...

E. The home inspector is not required to:

1. - 3. ...
4. inspect:
 - a. - c. ...
 - d. electronic air filters;
 - e. - h. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home inspectors, LR 26:2748 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1692 (August 2004), LR 36:2863 (December 2010), repromulgated LR 38:2533 (October 2012), amended LR 41:923 (May 2015).

§325. Interior System

A. The home inspector shall inspect:

1. - 2. ...
3. countertops and a representative number of cabinets and drawers;
4. - 5. ...

B. The home inspector shall:

1. operate a representative number of windows and interior doors;
2. report signs of abnormal or harmful water penetration into the building or signs of abnormal or harmful condensation on building components;
3. report the presence of suspected mold or microbial growth if, during the course of inspecting the systems and components of the structure in accordance with the home inspector licensing law and these rules, the licensed home inspector discovers visually observable evidence of suspected mold or microbial growth.

C. - C.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2749 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1692 (August 2004), LR 37:2406 (August 2011), LR 38:2533 (October 2012), LR 41:923 (May 2015).

§329. Built-In Kitchen Appliances

A. The home inspector shall inspect and operate the basic functions of the following appliances:

1. - 4. ...
5. ventilation equipment or range hood;
6. permanently installed microwave oven; and
7. ...

- B. The home inspector is not required to inspect:
1. ...
 2. non built-in appliances such as clothes washers and dryers;
 3. refrigeration units such as freezers, refrigerators and ice makers; or
 4. central vacuum system.

C. - C.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2749 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1692 (August 2004), LR 41:923 (May 2015).

Chapter 5. Code of Ethics

§501. Code of Ethics

A. ...

B. Ethical Obligations

1. - 5. ...

6. The LHI shall not accept compensation, directly or indirectly, for referring or recommending contractors or other service providers or products to inspection clients or other parties having an interest in inspected properties, unless disclosed and scheduled prior to the home inspection.

7. The LHI shall not advertise or solicit to repair, replace or upgrade for compensation, any system or component of the home which the inspector noted as significantly deficient or unsafe in his home inspection report, or any other type of service on the home upon which he has performed a home inspection, from the time of the inspection until the date of the act of sale on the home inspected.

8. - 10. ...

11. The LHI shall not disclose inspection results or a client's personal information without approval of the client or the clients designated representative. At his discretion, the LHI may immediately disclose to occupants or interested parties safety hazards observed to which they may be exposed.

12. The LHI shall avoid activities that may harm the public, discredit him or reduce public confidence in the profession.

13. - 15. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2749 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1693 (August 2004), LR 36:2863 (December 2010), LR 37:2406 (August 2011), LR 41:924 (May 2015).

Chapter 7. Disciplinary Actions

§701. Definitions

A. The following definitions are used in this Chapter. The definitions in the law and these rules are incorporated into Chapter 1, Chapter 3, and Chapter 5 by reference.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475 and R.S. 37:1485-1487.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2750 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1693 (August 2004), LR 41:924 (May 2015).

§705. Special Investigating Entity

A. For all complaints filed pursuant to §703.A, the board shall appoint a committee, board member, employee, or other qualified licensee to verify whether the allegations listed in the complaint may indicate violations of these rules, the standards of practice, *Code of Ethics* or the law. This committee, board member, employee or licensee shall be referred to as the "special investigating entity." The chairman may appoint a special investigating entity at any time to commence review of a complaint. This appointment shall be ratified by the board in executive session at its next meeting.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2750 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1694 (August 2004 LR 41:924 (May 2015).

§711. Pre-Hearing Resolution

A. ...

B. The proposed consent agreement shall then be presented to the board at its next meeting. The board may accept the consent agreement as written, modify the agreement and send it back to the licensee for acceptance, or reject the consent agreement. Accepted agreements shall be filed in the record of the docket.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475 and R.S. 37:1485-1487.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home Inspectors, LR 26:2751 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1694 (August 2004), LR 41:924 (May 2015).

§713. Hearing Procedure; Decision; Notice; Effective Date; Rehearing

A. - B. ...

C. The board shall render any final decision or order by majority vote of the board in open session. The date of the decision or order shall be indicated on the decision or order.

1. - 2. Repealed.

D. ...

E. A board decision or order may be reconsidered by the board at the next board meeting on its own motion, or on motion by a party of record, for good cause shown pursuant to a written request filed at the board's office within 10 days following the decision date.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1475 and R.S. 37:1485-1487.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Home inspectors, LR 26:2751 (December 2000), amended by the Office of the Governor, Board of Home Inspectors, LR 30:1695 (August 2004), LR 38:2533 (October 2012), LR 41:924 (May 2015).

Albert J. Nicaud
Board Attorney

1505#058

RULE

Department of Health and Hospitals Board of Medical Examiners

Physician Assistants, Licensure and Certification; Practice
(LAC 46:XLV.1521, 4505, 4506, 4511, and 4512)

In accordance with the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., and pursuant to the authority vested in the Louisiana State Board of Medical Examiners (board) by the Louisiana Medical Practice Act, R.S. 37:1270, and the Louisiana Physician Assistant Practice Act, R.S. 37:1360.21-1360.38, the board has amended its rules governing physician assistants (PAs), LAC 46:XLV.1521.A.5.f, 1521.A.5.h., 4505.D, 4506.A.2, 4511.A.4 and 4512. The amendments are set forth below.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLV. Medical Professions

Subpart 2. Licensure and Certification

Chapter 15. Physician Assistants

§1521. Qualifications for Physician Assistant

Registration of Prescriptive Authority

A. Legend Drugs/Medical Devices. To be eligible for registration of prescriptive authority for legend drugs or medical devices, or both, a physician assistant shall:

1. - 4.b. ...

5. practice under supervision as specified in clinical practice guidelines or protocols that shall, at a minimum, include:

a. - e. ...

f. an acknowledgment of the mutual obligations and responsibilities of the supervising physician and physician assistant to comply with all requirements of §4511 of these rules; and

g. ...

h. a performance plan, as specified in Section 4512 of these rules.

B. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 1360.23(D) and (F), and 1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 31:75 (January 2005), amended LR 38:3174 (December 2012), LR 41:925 (May 2015).

Subpart 3. Practice

Chapter 45. Physician Assistants

§4505. Services Performed by Physician Assistants

A. - C. ...

D. A physician assistant may administer medication to a patient, or transmit orally, electronically, or in writing on a patient's record, a prescription from his or her supervising physician to a person who may lawfully furnish such medication or medical device. The supervising physician's prescription, transmitted by the physician assistant, for any patient cared for by the physician assistant, shall be based on a patient-specific order by the supervising physician. At the direction and under the supervision of the supervising physician, a physician assistant may hand deliver to a patient of the supervising physician a properly labeled prescription

drug prepackaged by a physician, a manufacturer or a pharmacist.

E. - E.6. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 4:111 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1105 (November 1991), LR 22:204 (March 1996), LR 25:32 (January 1999), LR 31:78 (January 2005), LR 41:925 (May 2015).

§4506. Services Performed by Physician Assistants

Registered to Prescribe Medication or Medical Devices; Prescription Forms; Prohibitions

A.1. - A.1.c. ...

2. The medical record of any patient for whom the physician assistant has prescribed medication or a medical device, or delivered a bona fide medication sample, shall be properly documented by the physician assistant.

B. - C.6. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), and 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 31:79 (January 2005), amended LR 41:925 (May 2015).

§4511. Mutual Obligations and Responsibilities

A. The physician assistant and supervising physician shall:

1. - 3. ...

4. insure that, with respect to each direct patient encounter, all activities, functions, services, treatment measures, medical devices or medication prescribed or delivered to the patient by the physician assistant are properly documented in written form in the patient's record by the physician assistant;

A.5. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), and 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 4:112 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1106 (November 1991), LR 22:206 (March 1996), LR 25:33 (January 1999), LR 31:79 (January 2005), LR 41:925 (May 2015).

§4512. Performance Plan

A. For each practice setting, a PA and SP shall develop and implement a meaningful performance plan for evaluating whether the PA has performed medical services delegated by the SP with professional competence and with reasonable skill and safety to patients. At a minimum, the plan shall include:

1. for new graduates/major shift in practice:

a. *different primary practice sites*—if the PA's primary practice site (as defined in §1503.A of these rules e.g., the location at which a PA spends the majority of time engaged in the performance of his or her profession) is different from the SP's primary practice site then, during the first 12 months of supervised practice after passing the credentialing examination, and the first 6 months after entering into an entirely new field of practice, such as from primary care or one of its sub-specialties to a surgical specialty or sub-specialty, monthly chart review conducted by a SP of no less than 50 percent of the PA's patient encounters, as documented in the patient records;

b. *same primary practice site*—where the SP and PA work together, have the same primary practice site, routinely confer with respect to patient care, and the PA and SP document their services in the charts and records maintained at the primary practice site, the requirements of §4512.A.1.a shall be considered satisfied;

2. for all other PAs not falling within §4512.A.1: a review of such number of charts and records of the PA on a monthly basis as the SP deems appropriate to meet the purposes of §4512.A. If the PA has prescriptive authority the plan shall include a review of a representative sample of the PA's prescriptions. The plan should also include any other items that the SP and PA deem appropriate to insure that the purposes of this Section are met (e.g., documented conferences between the PA and SP concerning specific patients, a sample of medical orders, referrals or consultations issued by the PA, observation of the PA's performance, the SP's examination of a patient when he or she deems such indicated, etc.).

B. The plan shall be a component of the clinical practice guidelines. The SP responsible for compliance with the plan shall be designated in the PA's clinical practice guidelines. Questions respecting the applicability of this paragraph in specific cases shall be determined at the discretion of the board.

C. Accurate records and documentation regarding the plan for each PA, including a list of the charts and any other items reviewed, shall be maintained for three years and made available to board representatives upon request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23, and 37:1360.28.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:925 (May 2015).

Cecilia Mouton, M.D.
Executive Director

1505#023

RULE

Department of Health and Hospitals Bureau of Health Services Financing

Applied Behavior Analysis-Based Therapy Services (LAC 50:XV.Chapters 1-7)

The Department of Health and Hospitals, Bureau of Health Services Financing has adopted LAC 50:XV.Chapters 1-7 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart 1. Applied Behavior Analysis-Based Therapy Services

Chapter 1. General Provisions

§101. Program Description and Purpose

A. Applied behavior analysis-based (ABA) therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to

produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement or prompting to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:926 (May 2015).

§103. Recipient Criteria

A. In order to qualify for ABA-based therapy services, a Medicaid recipient must meet the following criteria. The recipient must:

1. be from birth up to 21 years of age;
2. exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (examples include, but are not limited to aggression, self-injury, elopement, impaired development in the areas of communication and/or social interaction, etc.);
3. be diagnosed by a qualified health care professional with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder; and
4. have a comprehensive diagnostic evaluation that prescribes and/or recommends ABA services that is conducted by a qualified health care professional.

B. All of the criteria in §103.A must be met to receive services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:926 (May 2015).

Chapter 3. Services

§301. Covered Services and Limitations

A. Medicaid covered ABA-based therapy services must be:

1. medically necessary;
2. prior authorized by the Medicaid Program or its designee; and
3. delivered in accordance with the recipient's treatment plan.

B. Services must be provided directly or billed by behavior analysts licensed by the Louisiana Behavior Analyst Board.

C. Medical necessity for ABA-based therapy services shall be determined according to the provisions of the *Louisiana Administrative Code* (LAC), Title 50, Part I, Chapter 11 (*Louisiana Register*, Volume 37, Number 1).

D. ABA-based therapy services may be prior authorized for a time period not to exceed 180 days. Services provided without prior authorization shall not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

E. Service Limitations

1. Services shall be based upon the individual needs of the child, and must give consideration to the child's age, school attendance requirements, and other daily activities as documented in the treatment plan.

2. Services must be delivered in a natural setting (e.g., home and community-based settings, including schools and clinics).

a. Services delivered in a school setting must not duplicate services rendered under an individualized family service plan (IFSP) or an individualized educational program (IEP) as required under the federal Individuals with Disabilities Education Act (IDEA).

3. Any services delivered by direct line staff must be under the supervision of a lead behavior therapist who is a Louisiana licensed behavior analyst.

F. Not Medically Necessary/Non-Covered Services. The following services do not meet medical necessity criteria, nor qualify as Medicaid covered ABA-based therapy services:

1. therapy services rendered when measureable functional improvement or continued clinical benefit is not expected, and therapy is not necessary for maintenance of function or to prevent deterioration;

2. services that are primarily educational in nature;

3. services delivered outside of the school setting that are duplicative services under an individualized family service plan (IFSP) or an individualized educational program (IEP), as required under the federal Individuals with Disabilities Education Act (IDEA);

4. treatment whose purpose is vocationally- or recreationally-based;

5. custodial care;

a. for purposes of these provisions, custodial care:

i. shall be defined as care that is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating, and maintaining personal hygiene and safety;

ii. is provided primarily for maintaining the recipient's or anyone else's safety; and

iii. could be provided by persons without professional skills or training; and

6. services, supplies, or procedures performed in a non-conventional setting including, but not limited:

a. resorts;

b. spas;

c. therapeutic programs; and

d. camps.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:926 (May 2015).

§303. Treatment Plan

A. ABA-based therapy services shall be rendered in accordance with the individual's treatment plan. The treatment plan shall:

1. be person-centered and based upon individualized goals;

2. be developed by a licensed behavior analyst;

3. delineate both the frequency of baseline behaviors and the treatment development plan to address the behaviors;

4. identify long, intermediate, and short-term goals and objectives that are behaviorally defined;

5. identify the criteria that will be used to measure achievement of behavior objectives;

6. clearly identify the schedule of services planned and the individual providers responsible for delivering the services;

7. include care coordination involving the parents or caregiver(s), school, state disability programs, and others as applicable;

8. include parent/caregiver training, support, and participation;

9. have objectives that are specific, measureable, based upon clinical observations, include outcome measurement assessment, and tailored to the individual; and

10. ensure that interventions are consistent with ABA techniques.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:927 (May 2015).

Chapter 5. Provider Participation

§501. General Provisions

A. ABA-based therapy services must be provided by or under the supervision of a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist, or a licensed medical psychologist.

B. Licensed behavior analysts that render ABA-based therapy services shall meet the following provider qualifications:

1. be licensed by the Louisiana Behavior Analyst Board;

2. be covered by professional liability insurance to limits of \$1,000,000 per occurrence, \$1,000,000 aggregate;

3. have no sanctions or disciplinary actions on their Board Certified Behavior Analyst (BCBA®) or Board Certified Behavior Analyst-Doctoral (BCBA-D) certification and/or state licensure;

4. not have Medicare/Medicaid sanctions, or be excluded from participation in federally funded programs (i.e., Office of Inspector General's list of excluded individuals/entities (OIG-LEIE), system for award management (SAM) listing and state Medicaid sanctions listings); and

5. have a completed criminal background check to include federal criminal, state criminal, parish criminal and sex offender reports for the state and parish in which the behavior analyst is currently working and residing.

a. Criminal background checks must be performed at the time of hire and at least five years thereafter.

b. Background checks must be current, within a year prior to the initial Medicaid enrollment application. Background checks must be performed at least every five years thereafter.

C. Certified assistant behavior analyst that render ABA-based therapy services shall meet the following provider qualifications:

1. must be certified by the Louisiana Behavior Analyst Board;

2. must work under the supervision of a licensed behavior analyst;

a. the supervisory relationship must be documented in writing;

3. must have no sanctions or disciplinary actions, if state-certified or board-certified by the BACB®;

4. may not have Medicaid or Medicare sanctions or be excluded from participation in federally funded programs (OIG-LEIE listing, SAM listing and state Medicaid sanctions listings); and

5. have a completed criminal background check to include federal criminal, state criminal, parish criminal and sex offender reports for the state and parish in which the certified assistant behavior analyst is currently working and residing.

a. Evidence of this background check must be provided by the employer.

b. Criminal background checks must be performed at the time of hire and an update performed at least every five years thereafter.

D. Registered line technicians that render ABA-based therapy services shall meet the following provider qualifications:

1. must be registered by the Louisiana Behavior Analyst Board;

2. must work under the supervision of a licensed behavior analyst;

a. the supervisory relationship must be documented in writing;

3. may not have Medicaid or Medicare sanctions or be excluded from participation in federally funded programs (OIG-LEIE listing, SAM listing and state Medicaid sanctions listings); and

4. have a completed criminal background check to include federal criminal, state criminal, parish criminal and sex offender reports for the state and parish in which the certified assistant behavior analyst is currently working and residing.

a. Evidence of this background check must be provided by the employer.

b. Criminal background checks must be performed at the time of hire and an update performed at least every five years thereafter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:927 (May 2015).

Chapter 7. Reimbursements

§701. General Provisions

A. The Medicaid Program shall provide reimbursement for ABA-based therapy services to enrolled behavior analysts who are currently licensed and in good standing with the Louisiana Behavior Analyst Board. Reimbursement shall only be made for services billed by a licensed behavior analyst, licensed psychologist, or licensed medical psychologist.

B. Reimbursement for ABA services shall not be made to, or on behalf of services rendered by, a parent, a legal guardian or legally responsible person.

C. Reimbursement shall only be made for services authorized by the Medicaid Program or its designee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:928 (May 2015).

§703. Reimbursement Methodology

A. Reimbursement for ABA-based therapy services shall be based upon a percentage of the commercial rates for ABA-based therapy services in the state of Louisiana. The rates are based upon 15 minute units of service, with the exception of mental health services plan which shall be reimbursed at an hourly fee rate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:928 (May 2015).

Kathy H. Kliebert
Secretary

1505#050

RULE

Department of Health and Hospitals Bureau of Health Services Financing

Managed Care for Physical and Basic Behavioral Health (LAC 50:I.Chapters 31-40)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:I.Chapters 31-40 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part I. Administration

Subpart 3. Managed Care for Physical and Basic Behavioral Health

Chapter 31. General Provisions

§3101. Introduction

A. It is the department's goal to operate a managed health care delivery system that:

1. improves access to care and care coordination;
2. improves the quality of services;
3. promotes healthier outcomes for Medicaid recipients through the establishment of a medical home system of care;
4. provides budget stability; and
5. results in savings as compared to an unmanaged fee-for-service system.

B. Effective for dates of service on or after February 1, 2015, the department will operate a managed care delivery system for physical and basic behavioral health, named the Bayou Health program, utilizing one model, a risk bearing managed care organization (MCO), hereafter referred to as a "MCO".

1. - 2. Repealed.

C. The department will continue to administer the determinations of savings realized or refunds due to the department for dates of service from February 1, 2012 through January 31, 2015 as described in the primary care case management plan (CCN-S) contract.

D. It is the department's intent to procure the provision of healthcare services statewide to Medicaid enrollees participating in the Bayou Health program from risk bearing MCOs through the competitive bid process.

1. The number of MCOs shall be no more than required to meet the Medicaid enrollee capacity requirements and ensure choice for Medicaid recipients as required by federal statute.

1.a. - 2. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1573 (June 2011), amended LR 41:928 (April 2015).

§3103. Recipient Participation

A. The following Medicaid recipients shall be mandatory participants in coordinated care networks:

1. categorically needy individuals:

a. - e. ...

f. children enrolled in the Title XXI stand-alone CHIP program for low-income children under the age of 19 who do not otherwise qualify for Medicaid (LaCHIP Affordable Plan);

g. persons eligible through the Tuberculosis Infected Individual Program;

h. individuals who are Native Americans/Alaskan Natives and members of a federally recognized tribe; or

i. children under the age of 19 who are:

i. eligible under §1902(e)(3) of the Act and receiving Supplemental Security Income (SSI);

ii. in foster care or other out-of-home placement;

iii. receiving foster care or adoption assistance;

iv. receiving services through a family-centered, community-based coordinated care system that receives grant funds under §501(a)(1)(D) of Title V, and is defined by the department in terms of either program participation of special health care needs; or

v. enrolled in the Family Opportunity Act Medicaid Buy-In Program;

2. - 3. ...

B. Voluntary Participants

1. Participation in an MCO is voluntary for

a. individuals who receive home and community-based waiver services; and

i. - ii. Repealed.

b. effective February 1, 2015, children under the age of 21 who are listed on the New Opportunities Waiver Request for Services Registry. These children are identified as *Chisholm* class members:

i. For purposes of these provisions, *Chisholm* class members shall be defined as those children identified in the *Melanie Chisholm, et al vs. Kathy Kliebert* (or her successor) class action litigation.

ii. *Chisholm* class members and home and community-based waiver recipients shall be exempt from the auto-assignment process and must proactively seek enrollment into an available health plan.

1.b.iii. - 2. Repealed.

C. The enrollment broker will ensure that all participants are notified at the time of enrollment that they may request dis-enrollment from the MCO at any time for cause. All voluntary opt-in populations can dis-enroll from the MCO and return to legacy Medicaid at any time without cause.

D. Participation Exclusion

1. The following Medicaid and/or CHIP recipients are excluded from participation in an MCO and cannot voluntarily enroll in a MCO. Individuals who:

a. - d. ...

e. are participants in the Take Charge Plus Program; or

f. are participants in the Greater New Orleans Community Health Connection (GNOCHC) Program.

g. Repealed.

E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1573 (June 2011), amended LR 40:310 (February 2014), LR 40:1096 (June 2014), LR 40:2258 (November 2014), LR 41:929 (April 2015).

§3105. Enrollment Process

A. The MCO shall abide by all enrollment and disenrollment policy and procedures as outlined in the contract developed by the department.

B. The department will contract with an enrollment broker who will be responsible for the enrollment and disenrollment process for MCO participants. The enrollment broker shall be:

1. the primary contact for Medicaid recipients regarding the MCO enrollment and disenrollment process, and shall assist the recipient to enroll in an MCO;

2. the only authorized entity, other than the department, to assist a Medicaid recipient in the selection of an MCO; and

3. responsible for notifying all MCO members of their enrollment and disenrollment rights and responsibilities within the timeframe specified in the contract.

C. Enrollment Period. The annual enrollment of an MCO member shall be for a period of up to 12 months from the date of enrollment, contingent upon his/her continued Medicaid and MCO eligibility. A member shall remain enrolled in the MCO until:

1. DHH or its enrollment broker approves the member's written, electronic or oral request to disenroll or transfer to another MCO for cause; or

2. ...

3. the member becomes ineligible for Medicaid and/or the MCO program.

D. Enrollment of Newborns. Newborns of Medicaid eligible mothers who are enrolled at the time of the newborn's birth will be automatically enrolled with the mother's MCO, retroactive to the month of the newborn's birth.

1. If there is an administrative delay in enrolling the newborn and costs are incurred during that period, the member shall be held harmless for those costs and the MCO shall pay for these services.

2. The MCO and its providers shall be required to:

a. report the birth of a newborn within 48 hours by requesting a Medicaid identification (ID) number through the department's online system for requesting Medicaid ID numbers; and

b. complete and submit any other Medicaid enrollment form required by the department.

E. Selection of an MCO

1. As part of the eligibility determination process, Medicaid and LaCHIP applicants, for whom the department determines eligibility, shall receive information and assistance with making informed choices about participating MCOs from the enrollment broker. These individuals will be afforded the opportunity to indicate the plan of their choice on their Medicaid financial application form or in a subsequent contract with the department prior to determination of Medicaid eligibility.

2. All new recipients who have made a proactive selection of an MCO shall have that MCO choice transmitted to the Enrollment Broker immediately upon determination of Medicaid or LaCHIP eligibility. The member will be assigned to the MCO of their choosing unless the plan is otherwise restricted by the department.

a. - a.i. ...

3. All new recipients shall be immediately automatically assigned to an MCO by the enrollment broker if they did not select an MCO during the financial eligibility determination process.

4. All new recipients will be given 90 days to change plans if they so choose.

a. Recipients of home and community-based services and *Chisholm* class members shall be exempt from automatic assignment to an MCO.

b. - d. Repealed.

5. The following provisions will be applicable for recipients who are mandatory participants.

a. If there are two or more MCOs in a department designated service area in which the recipient resides, they shall select one.

b. Recipients may request to transfer out of the MCO for cause and the effective date of enrollment into the new plan shall be no later than the first day of the second month following the calendar month that the request for disenrollment is filed.

F. Automatic Assignment Process

1. The following participants shall be automatically assigned to an MCO by the enrollment broker in accordance with the department's algorithm/formula and the provisions of §3105.E: a. mandatory MCO participants;

b. - c. ...

2. MCO automatic assignments shall take into consideration factors including, but not limited to:

a. assigning members of family units to the same MCO;

b. existing provider-enrollee relationships;

c. previous MCO-enrollee relationship;

d. MCO capacity; and

e. MCO performance outcome indicators.

3. MCO assignment methodology shall be available to recipients upon request to the enrollment broker.

4. Repealed.

G. Selection or Automatic Assignment of a Primary Care Provider

1. The MCO is responsible to develop a PCP automatic assignment methodology in accordance with the department's requirements for the assignment of a PCP to an enrollee who:

a. does not make a PCP selection after being offered a reasonable opportunity by the MCO to select a PCP;

b. selects a PCP within the MCO that has reached their maximum physician/patient ratio; or

c. selects a PCP within the MCO that has restrictions/limitations (e.g. pediatric only practice).

2. The PCP automatically assigned to the member shall be located within geographic access standards, as specified in the contract, of the member's home and/or who best meets the needs of the member. Members for whom an MCO is the secondary payor will not be assigned to a PCP by the MCO, unless the member requests that the MCO do so.

a. - d. Repealed.

3. If the enrollee does not select an MCO and is automatically assigned to a PCP by the MCO, the MCO shall allow the enrollee to change PCP, at least once, during the first 90 days from the date of assignment to the PCP. Effective the ninety-first day, a member may be locked into the PCP assignment for a period of up to nine months beginning from the original date that he/she was assigned to the MCO.

4. If a member requests to change his/her PCP for cause at any time during the enrollment period, the MCO must agree to grant the request.

5. Repealed.

H. Lock-In Period

1. Members have 90 days from the initial date of enrollment into an MCO in which they may change the MCO for any reason. Medicaid enrollees may only change MCOs without cause within the initial 90 days of enrollment in an MCO. After the initial 90-day period, Medicaid enrollees/members shall be locked into an MCO until the annual open enrollment period, unless disenrolled under one of the conditions described in this Section.

2. Repealed.

I. Annual Open Enrollment

1. The department will provide an opportunity for all MCO members to retain or select a new MCO during an annual open enrollment period. Notification will be sent to each MCO member and voluntary members who have opted out of participation in Bayou health at least 60 days prior to the effective date of the annual open enrollment. Each MCO member shall receive information and the offer of assistance with making informed choices about MCOs in their area and the availability of choice counseling.

2. Members shall have the opportunity to talk with an enrollment broker representative who shall provide additional information to assist in choosing the appropriate MCO. The enrollment broker shall provide the individual with information on each MCO from which they may select.

3. During the open enrollment period, each Medicaid enrollee shall be given the option to either remain in their existing MCO or select a new MCO. The 90-day option to change is not applicable to MCO linkages as a result of open enrollment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR

§3107. Disenrollment and Change of Managed Care Organization

A. A member may request disenrollment from an MCO for cause at any time, effective no later than the first day of the second month following the month in which the member files the request.

B. A member may request disenrollment from an MCO without cause at the following times:

1. during the 90 days following the date of the member's initial enrollment with the MCO or the date the department sends the member notice of the enrollment, whichever is later;

2. - 3. ...

4. if the department imposes the intermediate sanction against the MCO which grants enrollees the right to terminate enrollment without cause and notifies the affected enrollees of their right to disenroll.

C. - C.4. ...

D. Disenrollment for Cause

1. A member may initiate disenrollment or transfer from their assigned MCO after the first 90 days of enrollment for cause at any time. The following circumstances are cause for disenrollment:

a. the MCO does not, because of moral or religious objections, cover the service that the member seeks;

b. the member needs related services to be performed at the same time, not all related services are available within the MCO and the member's PCP or another provider determines that receiving the services separately would subject the member to unnecessary risk;

c. the contract between the MCO and the department is terminated;

d. to implement the decision of a hearing officer in an appeal proceeding by the member against the MCO or as ordered by a court of law; and

e. other reasons including, but not limited to:

i. poor quality of care;

ii. lack of access to services covered under the contract; or

iii. documented lack of access to providers experienced in dealing with the enrollee's health care needs.

f. - i.iii. Repealed.

E. Involuntary Disenrollment

1. The MCO may submit an involuntary disenrollment request to the enrollment broker, with proper documentation, for the following reasons:

a. fraudulent use of the MCO identification card. In such cases, the MCO shall report the incident to the Bureau of Health Services Financing; or

b. the member's behavior is disruptive, unruly, abusive or uncooperative to the extent that his/her enrollment seriously impairs the MCO's ability to furnish services to either the member or other members.

2. The MCO shall promptly submit such disenrollment requests to the enrollment broker. The effective date of an involuntary disenrollment shall not be earlier than 45 calendar days after the occurrence of the event that prompted the request for involuntary disenrollment. The MCO shall ensure that involuntary

disenrollment documents are maintained in an identifiable member record.

3. All requests will be reviewed on a case-by-case basis and subject to the sole discretion of the department. All decisions are final and are not subject to MCO dispute or appeal.

4. The MCO may not request disenrollment because of a member's:

a. - f. ...

g. uncooperative or disruptive behavior resulting from his or her special needs, unless it seriously impairs the MCO's ability to furnish services to either this particular member or other members as defined in this Subsection;

h. attempt to exercise his/her rights under the MCO's grievance system; or

i. ...

F. Department Initiated Disenrollment

1. The department will notify the MCO of the member's disenrollment due to the following reasons:

a. loss of Medicaid eligibility or loss of MCO enrollment eligibility;

b. - f. ...

g. member is placed in a nursing facility or intermediate care facility for persons with intellectual disabilities;

h. loss of MCO's participation.

i. - k. Repealed.

G. If the MCO ceases participation in the Medicaid Program, the MCO shall notify the department in accordance with the termination procedures described in the contract.

1. The enrollment broker will notify MCO members of the choices of remaining MCOs.

2. The exiting MCO shall assist the department in transitioning the MCO members to another MCO.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1575 (June 2011), amended LR 40:311 (February 2014), LR 41:930 (April 2015).

§3109. Member Rights and Responsibilities

A. The MCO member's rights shall include, but are not limited to the right to:

1. - 5. ...

6. express a concern about their MCO or the care it provides, or appeal an MCO decision, and receive a response in a reasonable period of time;

7. - 8. ...

9. implement an advance directive as required in federal regulations:

a. the MCO must provide adult enrollees with written information on advanced directive policies and include a description of applicable state law. The written information must reflect changes in state law as soon as possible, but no later than 90 days after the effective date of change;

9.b. - 11. ...

B. Members shall have the freedom to exercise the rights described herein without any adverse effect on the member's treatment by the department or the MCO, or its contractors or providers.

C. The MCO member's responsibilities shall include, but are not limited to:

1. informing the MCO of the loss or theft of their MCO identification card;
2. ...
3. being familiar with the MCO's policies and procedures to the best of his/her abilities;
4. contacting the MCO, by telephone or in writing (formal letter or electronically, including email), to obtain information and have questions clarified;
5. - 8. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1576 (June 2011), amended LR 40:311 (February 2014), LR 41:930 (April 2015).

Chapter 33. Coordinated Care Network Shared Savings Model

§3301. Participation Requirements

A. In order to participate in the Bayou Health Program after January 31, 2015, a coordinated care network shared savings model (CCN-S) must be an entity that operated as a CCN-S contracted with the department during the period of February 1, 2012 through January 31, 2015.

B. Participation in the Bayou Health program shared savings model after January 31, 2015 is for the exclusive purpose of fully executing provisions of the CCN-S contract relative to the determinations of savings realized or refunds due to the department for CCN-S operations during the period of February 1, 2012 through January 31, 2015.

1. - 8. Repealed.

C. A CCN-S is required to maintain a surety bond for an amount specified by the department for the at-risk portion of the enhanced care management fee through the full execution of the provisions of the CCN-S contract relative to determinations of savings realized or refunds due to the department for CCN-S operations during the period of February 1, 2012 through January 31, 2015 as determined by the department.

C.1. - J.4. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1577 (June 2011), amended LR 41:932 (April 2015).

§3303. Shared Savings Model Responsibilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1578 (June 2011), LR 40:66 (January 2014), amended LR 40:311 (February 2014), repealed LR 41:932 (April 2015).

§3305. Coordination of Medicaid State Plan Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1579 (June 2011), repealed LR 41:932 (April 2015).

§3307. Reimbursement Methodology

A. The department or its fiscal intermediary shall make lump sum savings payments to the CCN-S, if eligible, as described in the CCN-S contract.

B. The department will determine savings realized or refunds due to the department on a periodic basis.

1. The department may make an interim determination and will make a final determination of savings achieved or refunds due for each CCN-S for each contract year.

a. Interim determinations may be made for less than 12 months of service during the contract year. For dates of service with less than 12 months of elapsed time after the end of the contract period an adjustment for incurred but not reported (IBNR) claims will be made.

b. Final determinations will not be made for less than 12 months of service during the contract year. Final determinations will be made when all dates of service during the contract year have 12 months of elapsed time from the last date of service. Final determinations will use data updated since the interim determination.

2. The determination will calculate the difference between the actual aggregate cost of authorized services and the aggregate per capita prepaid benchmark (PCPB).

3. The PCPB will be set on the basis of health status-based risk adjustment.

a. The health risk of the Medicaid enrollees enrolled in the CCN-S will be measured using a nationally recognized risk-assessment model.

b. Utilizing this information, the PCPBs will be adjusted to account for the health risk for the enrollees in each CCN-S relative to the overall population being measured.

c. The health risk of the enrollees and associated CCN-S risk scores and the PCPBs will be updated periodically to reflect changes in risk over time.

4. Costs of the following services will not be included in the determination of the PCPB. These services include, but are not limited to:

- a. nursing facility;
- b. dental services;
- c. personal care services (children and adults);
- d. hospice;
- e. school-based individualized education plan services provided by a school district and billed through the intermediate school district;
- f. specified Early Steps Program services;
- g. specialized behavioral health services (e.g. provided by a psychiatrist, psychologist, social worker, psychiatric advanced nurse practitioner;
- h. targeted case management;
- i. non-emergency medical transportation;
- j. intermediate care facilities for persons with intellectual disabilities;
- k. home and community-based waiver services;
- l. durable medical equipment and supplies; and
- m. orthotics and prosthetics.

5. Individual member total cost for the determination year in excess of an amount specified in the contract will not be included in the determination of the PCPB, nor will it be

included in actual cost at the point of determination so that outlier cost of certain individuals and/or services will not jeopardize the overall savings achieved by the CCN-S.

6. The CCN-S will be eligible to receive up to 60 percent of savings if the actual aggregate costs of authorized services, including enhanced primary care case management fees advanced, are determined to be less than the aggregate PCPB (for the entire CCN-S enrollment).

a. Shared savings will be limited to five percent of the actual aggregate costs, including the enhanced primary care case management fees paid. Such amounts shall be determined in the aggregate and not for separate enrollment types.

b. The department may make an interim payment to the CCN for savings achieved based on the interim determination. Interim payments shall not exceed 75 percent of the eligible amount.

c. The department will make a final payment to the CCN for savings achieved based on the final determination. The final payment amount will be up to the difference between the amount of the interim payment (if any) and the final amount eligible for distribution.

d. For determination periods during the CCN-S first two years of operation, any distribution of CCN-S savings will be contingent upon the CCN meeting the established "early warning system" administrative performance measures and compliance under the contract. After the second year of operation, distribution of savings will be contingent upon the CCN-S meeting department established clinical quality performance measure benchmarks and compliance with the contract.

7. In the event the CCN-S exceeds the PCPB in the aggregate (for the entire CCN-S enrollment) as calculated in the final determination, the CCN-S will be required to refund up to 50 percent of the total amount of the enhanced primary care case management fees paid to the CCN-S during the period being determined.

C. - C.8. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1581 (June 2011), amended LR 40:311 (February 2014), LR 41:932 (April 2015).

Chapter 35. Managed Care Organization Participation Criteria

§3501. Participation Requirements

A. In order to participate in the Bayou Health Program, a managed care organization must be a successful bidder, be awarded a contract with the department, and complete the readiness review.

B. An MCO must:

1. ...

2. meet the requirements of R.S. 22:2016 and be licensed or have a certificate of authority from the Louisiana Department of Insurance (DOI) pursuant to title 22 of the *Louisiana Revised Statutes* at the time a proposal is submitted;

3. - 4. ...

5. meet NCQA health plan accreditation or agree to submit an application for accreditation at the earliest possible date as allowed by NCQA and once achieved, maintains accreditation through the life of this agreement;

6. have a network capacity to enroll a minimum of 100,000 Medicaid and LaCHIP eligibles; and

7. not have an actual or perceived conflict of interest that, in the discretion of the department, would interfere or give the appearance of possibly interfering with its duties and obligations under this Rule, the contract and any and all appropriate guides. Conflict of interest shall include, but is not limited to, being the fiscal intermediary contractor for the department; and

8. establish and maintain a performance bond in the amount specified by the department and in accordance with the terms of the contract.

9. Except for licensure and financial solvency requirements, no other provisions of title 22 of the *Revised Statutes* shall apply to an MCO participating in the Louisiana Medicaid Program.

C. An MCO shall ensure the provision of core benefits and services to Medicaid enrollees in a department designated geographic service area as specified in the terms of the contract.

D. Upon request by the Centers for Medicare and Medicaid Services, the Office of Inspector General, the Government Accounting Office, the department or its designee, an MCO shall make all of its records pertaining to its contract (services provided there under and payment for services) with the department available for review, evaluation and audit. The records shall include, but are not limited to the following:

1. - 4. ...

E. An MCO shall maintain an automated management information system that collects, analyzes, integrates and reports data that complies with department and federal reporting requirements.

1. The MCO shall submit to the department for approval the MCO's emergency/contingency plan if the MCO is unable to provide the data reporting specified in the contract and department issued guides.

F. An MCO shall obtain insurance coverage(s) including, but not limited to, workman's compensation, commercial liability, errors and omissions, and reinsurance as specified in the terms of the contract. Subcontractors, if any, shall be covered under these policies or have insurance comparable to the MCO's required coverage.

G. An MCO shall provide all financial reporting as specified in the terms of the contract.

H. An MCO shall secure and maintain a performance and fidelity bond as specified in the terms of the contract during the life of the contract.

I. In the event of noncompliance with the contract and the department's guidelines, an MCO shall be subject to the sanctions specified in the terms of the contract including, but not limited to:

1. - 3. ...

4. suspension and/or termination of the MCO's contract.

AUTHORITY NOTE: Promulgated in accordance with R. S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1583 (June 2011), amended LR 41:933 (April 2015).

§3503. Managed Care Organization Responsibilities

A. The MCO shall be responsible for the administration and management of its requirements and responsibilities

under the contract with the department and any and all department issued guides. This includes all subcontracts, employees, agents and anyone acting for or on behalf of the MCO.

1. No subcontract or delegation of responsibility shall terminate the legal obligation of the MCO to the department to assure that all requirements are carried out.

B. An MCO shall possess the expertise and resources to ensure the delivery of core benefits and services to members and to assist in the coordination of covered services, as specified in the terms of the contract.

1. An MCO shall have written policies and procedures governing its operation as specified in the contract and department issued guides.

C. An MCO shall accept enrollees in the order in which they apply without restriction, up to the enrollment capacity limits set under the contract.

1. An MCO shall not discriminate against enrollees on the basis of race, gender, color, national origin, age, health status, sexual orientation, or need for health care services, and shall not use any policy or practice that has the effect of discriminating on any such basis.

D. An MCO shall be required to provide service authorization, referrals, coordination, and/or assistance in scheduling the covered services consistent with standards as defined in the Louisiana Medicaid State Plan and as specified in the terms of the contract.

E. An MCO shall provide a chronic care management program as specified in the contract.

F. The MCO shall establish and implement a quality assessment and performance improvement program as specified in the terms of the contract and department issued guides.

G. An MCO shall develop and maintain a utilization management program including policies and procedures with defined structures and processes as specified in the terms of the contract and department issued guides.

H. An MCO shall develop and maintain effective continuity of care activities which ensure a continuum of care approach to providing health care services to members.

I. The MCO must have administrative and management arrangements or procedures, including a mandatory compliance plan, that are designed to guard against fraud and abuse.

1. The MCO shall comply with all state and federal laws and regulations relating to fraud, abuse, and waste in the Medicaid and CHIP program as well all requirements set forth in the contract and department issued guides.

J. An MCO shall maintain a health information system that collects, analyzes, integrates and reports data as specified in the terms of the contract and all department issued guides.

1. An MCO shall collect data on enrollees and provider characteristics and on services furnished to members through an encounter data system as specified in the contract and all department issued guides.

K. An MCO shall be responsible for conducting routine provider monitoring to ensure:

1. - 2. ...

L. An MCO shall ensure that payments are not made to a provider who is in non-payment status with the department

or is excluded from participation in federal health care programs (i.e., Medicare, Medicaid, CHIP, etc.).

M. ...

N. An MCO shall participate on the department's Medicaid Quality Committee to provide recommendations for the Bayou Health Program.

O. An MCO shall participate on the department's established committees for administrative simplification and quality improvement, which will include physicians, hospitals, pharmacists, other healthcare providers as appropriate, and at least one member of the Senate and House Health and Welfare Committees or their designees.

P. The MCO shall provide both member and provider services in accordance with the terms of the contract and department issued guides.

1. The MCO shall submit member handbooks, provider handbooks, and templates for the provider directory to the department for approval prior to distribution and subsequent to any material revisions.

a. The MCO must submit all proposed changes to the member handbooks and/or provider manuals to the department for review and approval in accordance with the terms of the contract and the department issued guides.

b. After approval has been received from the department, the MCO must provide notice to the members and/or providers at least 30 days prior to the effective date of any proposed material changes to the plan through updates to the member handbooks and/or provider handbooks.

Q. The member handbook shall include, but not be limited to:

1. a table of contents;

2. a general description regarding:

a. how the MCO operates;

b. member rights and responsibilities;

c. appropriate utilization of services including emergency room visits for non-emergent conditions;

d. the PCP selection process; and

e. the PCP's role as coordinator of services;

3. member rights and protections as specified in 42 CFR §438.100 and the MCO's contract with the department including, but not limited to:

a. a member's right to disenroll from the MCO;

b. a member's right to change providers within the MCO;

c. any restrictions on the member's freedom of choice among MCO providers; and

d. a member's right to refuse to undergo any medical service, diagnoses, or treatment, or to accept any health service provided by the MCO if the member objects (or in the case of a child, if the parent or guardian objects) on religious grounds;

4. member responsibilities, appropriate and inappropriate behavior, and any other information deemed essential by the MCO or the department, including but not limited to:

a. immediately notifying the MCO if he or she has a Worker's Compensation claim, a pending personal injury or medical malpractice law suit, or has been involved in an auto accident;

b. reporting to the department if the member has or obtains another health insurance policy, including employer sponsored insurance; and

c. a statement that the member is responsible for protecting his/her identification card and that misuse of the card, including loaning, selling or giving it to others could result in loss of the member's Medicaid eligibility and/or legal action;

5. the amount, duration, and scope of benefits available under the MCO's contract with the department in sufficient detail to ensure that members have information needed to aid in understanding the benefits to which they are entitled including, but not limited to:

a. information about health education and promotion programs, including chronic care management;

b. the procedures for obtaining benefits, including prior authorization requirements and benefit limits;

c. how members may obtain benefits, including family planning services and specialized behavioral health services, from out-of-network providers;

d. how and where to access any benefits that are available under the Louisiana Medicaid State Plan, but are not covered under the MCO's contract with the department;

e. information about early and periodic screening, diagnosis and treatment (EPSDT) services;

f. how transportation is provided, including how to obtain emergency and non-emergency medical transportation;

g. the post-stabilization care services rules set forth in 42 CFR 422.113(c);

h. the policy on referrals for specialty care, including behavioral health services and other benefits not furnished by the member's primary care provider;

i. for counseling or referral services that the MCO does not cover because of moral or religious objections, the MCO is required to furnish information on how or where to obtain the service;

j. how to make, change, and cancel medical appointments and the importance of canceling and/or rescheduling rather than being a "no show";

k. the extent to which and how after-hour services are provided; and

l. information about the MCO's formulary and/or preferred drug list (PDL), including where the member can access the most current information regarding pharmacy benefits;

6. instructions to the member to call the Medicaid Customer Service Unit toll free telephone number or access the Medicaid member website to report changes in parish of residence, mailing address or family size changes;

7. a description of the MCO's member services and the toll-free telephone number, fax number, e-mail address and mailing address to contact the MCO's Member Services Unit;

8. instructions on how to request multi-lingual interpretation and translation services when needed at no cost to the member. This information shall be included in all versions of the handbook in English and Spanish; and

9. grievance, appeal, and state fair hearing procedures and time frames as described in 42 CFR §438.400 through §438.424 and the MCO's contract with the department.

R. The provider manual shall include, but not be limited to:

1. billing guidelines;
2. medical management/utilization review guidelines;

3. case management guidelines;
4. claims processing guidelines and edits;
5. grievance and appeals procedures and process; and
6. other policies, procedures, guidelines, or manuals containing pertinent information related to operations and pre-processing claims.

S. The provider directory for members shall be developed in three formats:

1. a hard copy directory to be made available to members and potential members upon request;

2. an accurate electronic file refreshed weekly of the directory in a format to be specified by the department and used to populate a web-based online directory for members and the public; and

3. an accurate electronic file refreshed weekly of the directory for use by the enrollment broker.

T. The department shall require all MCOs to utilize the standard form designated by the department for the prior authorization of prescription drugs, in addition to any other currently accepted facsimile and electronic prior authorization forms.

1. An MCO may submit the prior authorization form electronically if it has the capabilities to submit the form in this manner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1583 (June 2011), amended LR 39:92 (January 2013), LR 40:66 (January 2014), LR 41:933 (April 2015).

§3505 Network Access Standards and Guidelines

A. The MCO must maintain and monitor a provider network that is supported by written agreements and is sufficient to provide adequate access of healthcare to enrollees as required by federal law and the terms as set forth in the contract. The MCO shall adhere to the federal regulations governing access standards as well as the specific requirements of the contract and all department issued guides.

B. The MCO must provide for service delivery out-of-network for any core benefit or service not available in network for which the MCO does not have an executed contract for the provision of such medically necessary services. Further, the MCO must arrange for payment so that the Medicaid enrollee is not billed for this service.

C. The MCO shall cover all medically necessary services to treat an emergency medical condition in the same amount, duration, and scope as stipulated in the Medicaid State Plan.

1. - 3. ...

D. The MCO must maintain a provider network and in-area referral providers in sufficient numbers, as determined by the department, to ensure that all of the required core benefits and services are available and accessible in a timely manner in accordance with the terms and conditions in the contract and department issued guide.

E. Any pharmacy or pharmacist participating in the Medicaid Program may participate as a network provider if licensed and in good standing with the Louisiana State Board of Pharmacy and accepts the terms and conditions of the contract offered to them by the MCO.

1. The MCO shall not require its members to use mail service pharmacy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1585 (June 2011), amended LR 39:92 (January 2013), LR 41:935 (April 2015).

§3507. Benefits and Services

A. ...

1. Core benefits and services shall be defined as those health care services and benefits required to be provided to Medicaid MCO members enrolled in the MCO as specified under the terms of the contract and department issued guides.

2. ...

B. The MCO:

1. - 3.b. ...

4. shall provide core benefits and services as outlined and defined in the contract and shall provide medically necessary and appropriate care to Medicaid MCO Program members;

5. ...

a. the MCO may exceed the limits as specified in the minimum service requirements outlined in the contract;

5.b. - 7. ...

C. If the MCO elects not to provide, reimburse for, or provide coverage of a counseling or referral service because of an objection on moral or religious grounds, the MCO must furnish information about the services it does not cover in accordance with §1932(b)(3)(B)(ii) of the Social Security Act and federal regulations by notifying:

1. ...

2. the potential enrollees before and during enrollment in the MCO;

3. - 4. ...

D. The following is a summary listing of the core benefits and services that a MCO is required to provide:

1. - 4. ...

5. family planning services as specified in 42 CFR §431.51(b)(2) (not applicable to an MCO operating under a moral and religious objection as specified in the contract);

6. - 17. ...

18. rehabilitation therapy services (physical, occupational, and speech therapies);

19. pharmacy services (outpatient prescription medicines dispensed with the exception of those prescribed by a specialized behavioral health provider, and at the contractual responsibility of another Medicaid managed care entity);

20. hospice services;

21. personal care services (age 0-20); and

22. pediatric day healthcare services.

NOTE: ...

E. Transition Provisions

1. In the event a member transitions from an MCO included status to an MCO excluded status before being discharged from a hospital and/or rehabilitation facility, the cost of the entire admission will be the responsibility of the MCO. This is only one example and does not represent all situations in which the MCO is responsible for cost of services during a transition.

2. In the event a member is transitioning from one MCO to another and is hospitalized at 12:01 a.m. on the

effective date of the transfer, the relinquishing MCO shall be responsible for both the inpatient hospital charges and the charges for professional services provided through the date of discharge. Services other than inpatient hospital will be the financial responsibility of the receiving MCO.

F. - F.1. ...

G. Excluded Services

1. The following services will continue to be reimbursed by the Medicaid Program on a fee-for-service basis. The MCO shall provide any appropriate referral that is medically necessary. The department shall have the right to incorporate these services at a later date if the member capitation rates have been adjusted to incorporate the cost of such service. Excluded services include:

a. - c. ...

d. personal care services (age 21 and over);

e. nursing facility services;

f. Individualized Education Plan services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures;

g. specialized behavioral health services;

h. applied behavioral analysis therapy services; and

i. targeted case management services.

j. Repealed.

H. Utilization Management

1. The MCO shall develop and maintain policies and procedures with defined structures and processes for a utilization management (UM) program that incorporates utilization review. The program shall include service authorization and medical necessity review and comply with the requirements set forth in this Section, the contract and department issued guides.

a. The MCO-P shall submit UM policies and procedures to the department for written approval annually and subsequent to any revisions.

2. - 2.h. ...

3. The UM Program's medical management and medical necessity review criteria and practice guidelines shall be reviewed annually and updated periodically as appropriate. The MCO shall use the medical necessity definition as set forth in LAC 50:I.1101 for medical necessity determinations.

a. - a.iv. ...

b. The MCO must identify the source of the medical management criteria used for the review of medical necessity and for service authorization requests.

i. - iii. ...

iv. The individuals who will make medical necessity determinations must be identified if the criteria are based on the medical training, qualifications, and experience of the MCO medical director or other qualified and trained professionals.

4. The MCO shall ensure that only licensed clinical professionals with appropriate clinical expertise in the treatment of a member's condition or disease shall determine service authorization request denials or authorize a service in an amount, duration or scope that is less than requested.

5. The MCO shall ensure that compensation to individuals or entities that conduct UM activities is not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary covered

services to any member in accordance with 42 CFR §438.6(h), 42 CFR §422.208, and 42 CFR §422.210.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:185 (June 2011), amended LR 39:92 (January 2013), LR 39:318 (February 2013), LR 41:936 (April 2015).

§3509. Reimbursement Methodology

A. Payments to an MCO. The department, or its fiscal intermediary, shall make monthly capitation payments to the MCO based on a per member, per month (PMPM) rate.

1. The department will establish monthly payment rates within an actuarially sound rate range certified by its actuaries. Consistent with all applicable federal rules and regulations, the rate range will initially be developed using fee-for-service claims data, Bayou Health shared savings claims experience, Bayou Health prepaid encounter data, financial data reported by Bayou Health plans, supplemental ad hoc data, and actuarial analyses with appropriate adjustments.

2. As the Bayou Health Program matures and fee-for-service data is no longer available, there will be increasing reliance on encounter data and/or financial data to set future rates, subject to comparable adjustments.

3. PMPM payments will be set on the basis of health status-based risk adjustments. An initial universal PMPM rate will be set for all MCOs at the beginning of each contract period and as deemed necessary by the department.

a. The health risk of the Medicaid enrollees enrolled in the MCO will be measured using a nationally-recognized risk-assessment model.

b. Utilizing this information, the universal PMPM rates will be adjusted to account for the health risk of the enrollees in each MCO relative to the overall population being measured.

c. The health risk of the members and associated MCO risk scores will be updated periodically to reflect changes in risk over time.

d. The department will provide the MCO with advance notice of any major revision to the risk-adjustment methodology.

4. An MCO shall be reimbursed a one-time supplemental lump sum payment, hereafter referred to as a “maternity kick payment”, for each obstetrical delivery in the amount determined by the department’s actuary.

a. The maternity kick payment is intended to cover the cost of prenatal care, the delivery event, and postpartum care. Payment will be paid to the MCO upon submission of satisfactory evidence of the occurrence of a delivery.

b. Only one maternity kick payment will be made per delivery event. Therefore, multiple births during the same delivery will still result in one maternity kick payment being made.

c. The maternity kick payment will be paid for both live and still births. A maternity kick payment will not be reimbursed for spontaneous or induced abortions.

d. Repealed.

5. ...

6. - 6.a. Reserved.

7. A withhold of the aggregate capitation rate payment may be applied to provide an incentive for MCO compliance as specified in the contract.

B. As Medicaid is the payor of last resort, an MCO must agree to accept the PMPM rate as payment-in-full from the department and agree not to seek additional payment from a member for any unpaid cost.

C. The MCO rate does not include graduate medical education payments or disproportionate share hospital payments. These supplemental payments will be made to applicable providers outside the PMPM rate by the department according to methodology consistent with existing Rules.

D. An MCO shall assume 100 percent liability for any expenditure above the PMPM rate.

E. The MCO shall meet all financial reporting requirements specified in the terms of the contract.

F. An MCO shall have a medical loss ratio (MLR) for each MLR reporting calendar year of not less than 85 percent using definitions for health care services, quality initiatives, and administrative cost as specified in 45 CFR Part 158.

1. An MCO shall provide an annual MLR report, in a format as determined by the department, by June 1 following the MLR reporting year that separately reports the MCO’s medical loss ratio for services provided to Medicaid enrollees and payment received under the contract with the department from any other products the MCO may offer in the state of Louisiana.

2. If the medical loss ratio is less than 85 percent, the MCO will be subject to refund of the difference, within the timeframe specified, to the department by August 1. The portion of any refund due the department that has not been paid by August 1 will be subject to interest at the current Federal Reserve Board lending rate or in the amount of ten percent per annum, whichever is higher.

3. The department shall provide for an audit of the MCO’s annual MLR report and make public the results within 60 calendar days of finalization of the audit.

G. ...

H. The department may adjust the PMPM rate, during the term of the contract, based on:

1. changes to core benefits and services included in the capitation rate;

2. changes to Medicaid population groups eligible to enroll in an MCO;

3. changes in federal requirements; and/or

4. ...

I. Any adjusted rates must continue to be actuarially sound and will require an amendment to the contract.

J. The MCO shall not assign its rights to receive the PMPM payment, or its obligation to pay, to any other entity.

1. At its option, the department may, at the request of the MCO, make payment to a third party administrator.

2. - 3.a. Reserved.

K. In the event that an incorrect payment is made to the MCO, all parties agree that reconciliation will occur.

1. ...

L. Network Provider Reimbursement

1. Reimbursement for covered services shall be equal to or greater than the published Medicaid fee-for-service rate in effect on the date of service, unless mutually agreed by both the plan and the provider in the provider contract to pay otherwise.

a. The MCO shall pay a pharmacy dispensing fee, as defined in the contract, at a rate no less than the minimum rate specified in the terms of the contract.

2. The MCO's subcontract with the network provider shall specify that the provider shall accept payment made by the MCO as payment-in-full for core benefits and services provided and shall not solicit or accept any surety or guarantee of payment from the department or the member.

a. ...

3. The MCO shall not enter into alternative payment arrangements with federally qualified health centers (FQHCs) or rural health clinics (RHCs) as the MCO is required to reimburse these providers according to the published FQHC/RHC Medicaid prospective payment schedule rate in effect on the date of service, whichever is applicable.

a. Repealed.

M. Out-of-Network Provider Reimbursement

1. The MCO is not required to reimburse more than 90 percent of the published Medicaid fee-for-service rate in effect on the date of service to out-of-network providers to whom they have made at least three documented attempts to include the provider in their network as per the terms of the contract.

2. ...

3. The MCO is not required to reimburse pharmacy services delivered by out-of-network providers. The MCO shall maintain a system that denies the claim at the point-of-sale for providers not contracted in the network.

N. Reimbursement for Emergency Services for In-Network or Out-of-Network Providers

1. The MCO is financially responsible for ambulance services, emergency and urgently needed services and maintenance, and post-stabilization care services in accordance with the provisions set forth in 42 CFR §422.113.

2. The reimbursement rate for medically necessary emergency services shall be no less than the published Medicaid fee-for-service rate in effect on the date of service, regardless of whether the provider that furnished the services has a contract with the MCO.

a. The MCO may not concurrently or retrospectively reduce a provider's reimbursement rate for these emergency services, including ancillary and diagnostic services, provided during an episode of care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1587 (June 2011), amended LR 39:92 (January 2013), LR 41:937 (April 2015).

§3511. Prompt Pay of Claims

A. Network Providers. All subcontracts executed by the MCO shall comply with the terms in the contract. Requirements shall include at a minimum:

1. ...

2. the full disclosure of the method and amount of compensation or other consideration to be received from the MCO; and

3. the standards for the receipt and processing of claims are as specified by the department in the MCO's contract with the department and department issued guides.

B. Network and Out-of-Network Providers

1. The MCO shall make payments to its network providers, and out-of-network providers, subject to the conditions outlined in the contract and department issued guides.

a. The MCO shall pay 90 percent of all clean claims, as defined by the department, received from each provider type within 15 business days of the date of receipt.

b. The MCO shall pay 99 percent of all clean claims within 30 calendar days of the date of receipt.

c. The MCO shall pay annual interest to the provider, at a rate specified by the department, on all clean claims paid in excess of 30 days of the date of receipt. This interest payment shall be paid at the time the claim is fully adjudicated for payment.

2. The provider must submit all claims for payment no later than 180 days from the date of service.

3. The MCO and all providers shall retain any and all supporting financial information and documents that are adequate to ensure that payment is made in accordance with applicable federal and state laws.

3.a. - 4. ...

C. Claims Management

1. The MCO shall process a provider's claims for covered services provided to members in compliance with all applicable state and federal laws, rules and regulations as well as all applicable MCO policies and procedures including, but not limited to:

a. - f. ...

D. Provider Claims Dispute

1. The MCO shall:

a. - d. ...

E. Claims Payment Accuracy Report

1. The MCO shall submit an audited claims payment accuracy percentage report to the department on a monthly basis as specified in the contract and department issued MCO guides.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1589 (June 2011), amended LR 41:938 (April 2015).

Chapter 37. Grievance and Appeal Process

Subchapter A. Member Grievances and Appeals

§3701. Introduction

A. An MCO must have a grievance system for Medicaid enrollees that complies with federal regulations. The MCO shall establish and maintain a procedure for the receipt and prompt internal resolution of all grievances and appeals in accordance with all applicable state and federal laws and as specified in the contract and all department issued guides.

1. - 3. Repealed.

B. The MCO's grievance and appeals procedures, and any changes thereto, must be approved in writing by the department prior to their implementation and must include, at a minimum, the requirements set forth herein.

1. The MCO shall refer all members who are dissatisfied, in any respect, with the MCO or its subcontractor to the MCO's designee who is authorized to review and respond to grievances and to require corrective action.

2. The member must exhaust the MCO's internal grievance/appeal process prior to accessing the state fair hearing process.

C. The MCO shall not create barriers to timely due process. If the number of appeals reversed by the state fair hearing process exceeds 10 percent of appeals received within a 12 month period, the MCO may be subject to sanctions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1589 (June 2011), amended LR 41:938 (April 2015).

§3703. Definitions

Action—the denial or limited authorization of a requested service, including:

1. the type or level of service;
2. reduction, suspension, or termination of a previously authorized service;
3. denial, in whole or in part, of payment for a service for any reason other than administrative denial;
4. failure to provide services in a timely manner as specified in the contract; or
5. failure of the MCO to act within the timeframes provided in this Subchapter.

* * *

Grievance—an expression of dissatisfaction about any matter other than an action as that term is defined in this Section. The term is also used to refer to the overall system that includes MCO level grievances and access to a fair hearing. Possible subjects for grievances include, but are not limited to:

1. the quality of care or services provided;
2. aspects of interpersonal relationships, such as rudeness of a provider or employee; or
3. failure to respect the member's rights.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1589 (June 2011), amended LR 41:939 (April 2015).

§3705. General Provisions

A. The MCO must have a system in place for members that include a grievance process, an appeal process, and access to the state fair hearing process once the MCO's appeal process has been exhausted.

B. Filing Requirements

1. Authority to file. A member, or a representative of his/her choice, including a network provider acting on behalf of the member and with the member's consent, may file a grievance and an MCO level appeal. Once the MCO's appeals process has been exhausted, a member or his/her representative may request a state fair hearing.

a. An MCO's provider, acting on behalf of the member and with his/her written consent, may file a grievance, appeal, or request a state fair hearing on behalf of a member.

2. Filing Timeframes. The member, or a representative or provider acting on the member's behalf and with his/her written consent, may file an appeal within 30 calendar days from the date on the MCO's notice of action.

a. - b. Repealed.

3. Filing Procedures

a. The member may file a grievance either orally or in writing with the MCO.

b. The member, or a representative or provider acting on the member's behalf and with the member's written consent, may file an appeal either orally or in writing

C. Grievance Notice and Appeal Procedures

1. The MCO shall ensure that all members are informed of the state fair hearing process and of the MCO's grievance and appeal procedures.

a. The MCO shall provide a member handbook to each member that shall include descriptions of the MCO's grievance and appeal procedures.

b. Forms to file grievances, appeals, concerns, or recommendations to the MCO shall be available through the MCO, and must be provided to the member upon request. The MCO shall make all forms easily available on its website.

D. Grievance and Appeal Records

1. The MCO must maintain records of grievances and appeals. A copy of the grievance logs and records of the disposition of appeals shall be retained for six years. If any litigation, claim negotiation, audit, or other action involving the documents or records has been started before the expiration of the six year period, the records shall be retained until completion of the action and resolution of issues which arise from it or until the end of the regular six-year period, whichever is later.

E. Grievance Reports

1. The MCO shall provide an electronic report of the grievances and appeals it has received on a monthly basis in accordance with the requirements specified by the department, which will include, but is not limited to:

- a. ...
- b. summary of grievances and appeals;
- c. - f. ...

F. All state fair hearing requests shall be sent directly to the state designated entity.

G. The MCO will be responsible for promptly forwarding any adverse decisions to the department for further review and/or action upon request by the department or the MCO member.

H. The department may submit recommendations to the MCO regarding the merits or suggested resolution of any grievance or appeal.

1. Repealed.

I. Information to Providers and Subcontractors. The MCO must provide the information about the grievance system as specified in federal regulations to all providers and subcontractors at the time they enter into a contract.

1. Repealed.

J. Recordkeeping and Reporting Requirements. Reports of grievances and resolutions shall be submitted to the department as specified in the contract. The MCO shall not modify the grievance system without the prior written approval of the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1590 (June 2011), amended LR 41:939 (April 2015).

§3707. Handling of Member Grievances and Appeals

A. In handling grievances and appeals, the MCO must meet the following requirements:

1. give members any reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free telephone numbers that have adequate TTY/TTD and interpreter capability;

2. acknowledge receipt of each grievance and appeal;

3. ensure that the individuals who make decisions on grievances and appeals are individuals who:

- a. were not involved in any previous level of review or decision-making; and

- b. if deciding on any of the following issues, are health care professionals who have the appropriate clinical expertise, as determined by the department, in treating the member's condition or disease:

- i. an appeal of a denial that is based on lack of medical necessity;

- ii. a grievance regarding denial of expedited resolution of an appeal; or

- iii. a grievance or appeal that involves clinical issues.

B. Special Requirements for Appeals

1. The process for appeals must:

- a. provide that oral inquiries seeking to appeal an action are treated as appeals (to establish the earliest possible filing date for the appeal);

- b. provide the member a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing. The MCO must inform the member of the limited time available for this in the case of expedited resolution;

- c. provide the member and his/her representative an opportunity, before and during the appeals process, to examine the member's case file, including medical records and any other documents and records considered during the appeals process; and

- d. include, as parties to the appeal:
 - i. the member and his/her representative; or
 - ii. the legal representative of a deceased member's estate.

2. The MCO's staff shall be educated concerning the importance of the grievance and appeal procedures and the rights of the member and providers.

3. The appropriate individual or body within the MCO having decision making authority as part of the grievance and appeal procedures shall be identified.

4. Failure to Make a Timely Decision

- a. Appeals shall be resolved no later than the stated time frames and all parties shall be informed of the MCO's decision.

- b. If a determination is not made by the above time frames, the member's request will be deemed to have been approved as of the date upon which a final determination should have been made.

5. The MCO shall inform the member that he/she may seek a state fair hearing if the member is not satisfied with the MCO's decision in response to an appeal.

C. - G3. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1590 (June 2011), amended LR 41:940 (April 2015).

§3709. Notice of Action

A. Language and Format Requirements. The notice must be in writing and must meet the language and format requirements of federal regulations in order to ensure ease of understanding. Notices must also comply with the standards set by the department relative to language, content, and format.

1. - 2. Repealed.

B. Content of Notice. The notice must explain the following:

1. the action the MCO or its subcontractor has taken or intends to take;

2. ...

3. the member's right to file an appeal with the MCO;

4. the member's right to request a state fair hearing after the MCO's appeal process has been exhausted;

5. the procedures for exercising the rights specified in this Section;

6. the circumstances under which expedited resolution is available and the procedure to request it; and

7. the member's right to have previously authorized services continue pending resolution of the appeal, the procedure to make such a request, and the circumstances under which the member may be required to pay the costs of these services.

C. Notice Timeframes. The MCO must mail the notice within the following timeframes:

1. for termination, suspension, or reduction of previously authorized Medicaid-covered services, at least 10 days before the date of action, except as permitted under federal regulations;

2. for denial of payment, at the time of any action taken that affects the claim; or

- a. - b. Repealed.

3. for standard service authorization decisions that deny or limit services, as expeditiously as the member's health condition requires and within 14 calendar days following receipt of the request for service. A possible extension of up to 14 additional calendar days may be granted under the following circumstances:

- a. the member, or his/her representative or a provider acting on the member's behalf, requests an extension; or

- b. the MCO justifies (to the department upon request) that there is a need for additional information and that the extension is in the member's interest.

D. If the MCO extends the timeframe in accordance with this Section, it must:

1. - 3. ...

E. For service authorization decisions not reached within the timeframes specified in this Section, this constitutes a denial and is thus an adverse action on the date that the timeframes expire.

1. - 2. Repealed.

F. For expedited service authorization decisions where a provider indicates, or the MCO determines, that following the standard timeframe could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function, the MCO must make an expedited authorization decision.

1. A notice must be furnished as expeditiously as the member's health condition requires, but no later than 72 hours or as expeditiously as the member's health requires, after receipt of the request for service.

2. The MCO may extend the 72 hour time period by up to 14 calendar days if the member or provider acting on behalf of the member requests an extension, or if the MCO justifies (to the department upon request) that there is a need for additional information and that the extension is in the member's interest.

G. The department shall conduct random reviews to ensure that members are receiving such notices in a timely manner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1591 (June 2011), amended LR 41:940 (April 2015).

§3711. Resolution and Notification

A. The MCO must dispose of a grievance, resolve each appeal, and provide notice as expeditiously as the member's health condition requires, within the timeframes established in this Section.

1. - 2. Repealed.

B. Specific Timeframes

1. For standard disposition of a grievance and notice to the affected parties, the timeframe is established as 90 days from the day the MCO receives the grievance.

2. For standard resolution of an appeal and notice to the affected parties, the timeframe is established as 30 calendar days from the day the MCO receives the appeal.

3. For expedited resolution of an appeal and notice to affected parties, the timeframe is established as 72 hours or as expeditiously as the member's health requires after the MCO receives the appeal.

C. Extension of Timeframes

1. The MCO may extend the timeframes by up to 14 calendar days under the following circumstances:

a. the member requests the extension; or

b. the MCO shows to the satisfaction of the department, upon its request, that there is need for additional information and that the delay is in the member's interest.

D. If the MCO extends the timeframes for any extension not requested by the member, it must give the member written notice of the reason for the delay.

E. Format of Notice

1. The MCO shall follow the method specified in the department issued guide to notify a member of the disposition of a grievance.

2. For all appeals, the MCO must provide written notice of disposition.

3. For notice of an expedited resolution, the MCO must also make reasonable efforts to provide oral notice.

F. Content of Notice of Appeal Resolution. The written notice of the resolution must include, at a minimum, the following information:

1. the results of the resolution process and the date it was completed;

2. for appeals not resolved wholly in favor of the members:

a. the right to request a state fair hearing and the procedure to make the request;

b. the right to request to receive previously authorized services during the hearing process and the procedure to make such a request; and

c. that the member may be held liable for the cost of those services if the hearing decision upholds the MCO's action.

G. Requirements for State Fair Hearings

1. The department shall comply with the federal regulations governing fair hearings. The MCO shall comply with all of the requirements as outlined in the contract and department issued guides.

2. If the member has exhausted the MCO level appeal procedures, the member may request a state fair hearing within 30 days from the date of the MCO's notice of appeal resolution.

3. The parties to the state fair hearing include the MCO as well as the member and his/her representative or the representative of a deceased member's estate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1591 (June 2011), amended LR 41:941 (April 2015).

§3713. Expedited Resolution of Appeals

A. The MCO must establish and maintain an expedited review process for appeals when the MCO determines (either from a member's request or indication from the provider making the request on the member's behalf or in support of the member's request) that taking the time for a standard resolution could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.

1. Repealed.

B. If the MCO denies a request for expedited resolution of an appeal, it must:

1. transfer the appeal to the timeframe for standard resolution in accordance with the provisions of this Subchapter; and

2. make reasonable efforts to give the member prompt oral notice of the denial, and follow up within two calendar days with a written notice.

C. This decision (i.e., the denial of a request for expedited resolution of an appeal) does not constitute an action or require a notice of action. The member may file a grievance in response to this decision.

D. Failure to Make a Timely Decision. Appeals shall be resolved no later than the established timeframes and all parties shall be informed of the MCO's decision. If a determination is not made by the established timeframes, the member's request will be deemed to have been approved as of the date upon which a final determination should have been made.

E. The MCO is required to follow all standard appeal requirements for expedited requests except where differences are specifically noted in the requirements for expedited resolution.

1. The member or provider may file an expedited appeal either orally or in writing. No additional follow-up may be required.

2. The MCO shall inform the member of the limited time available for the member to present evidence and allegations of fact or law, in person and in writing, in the case of expedited resolution.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1592 (June 2011), amended LR 41:941 (April 2015).

§3715. Continuation of Services during the Pending MCO Appeal or State Fair Hearing

A. *Timely Filing*—filing on or before the later of the following, but no greater than 30 days:

1. within 10 calendar days of the MCO's mailing of the notice of action; or
2. the intended effective date of the MCO's proposed action.

B. Continuation of Benefits. The MCO must continue the member's benefits if the:

1. member or the provider, with the member's written consent, files the appeal timely;
2. appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
3. services were ordered by an authorized provider;
4. original period covered by the original authorization has not expired; and
5. member requests continuation of benefits.

C. Duration of Continued or Reinstated Benefits

1. If, at the member's request, the MCO continues or reinstates the member's benefits while the appeal is pending, the benefits must be continued until one of following occurs:

- a. the member withdraws the appeal;
- b. 10 calendar days pass after the MCO mails the notice providing the resolution of the appeal against the member, unless the member has requested a state fair hearing with continuation of benefits, within the 10-day timeframe, until a state fair hearing decision is reached;
- c. a state fair hearing entity issues a hearing decision adverse to the member; or
- d. the time period or service limits of a previously authorized service has been met.

D. Member Liability for Services. If the final resolution of the appeal is adverse to the member, the MCO may recover from the member the cost of the services furnished to the member while the appeal is pending, to the extent that they were furnished solely because of the requirements of this Section, and in accordance with federal regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:942 (April 2015).

§3717. Effectuation of Reversed Appeal Resolutions

A. Provision of Services during the Appeal Process

1. If the MCO or the state fair hearing entity reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the MCO must authorize or provide the disputed services promptly and as expeditiously as the member's health condition requires.

B. If the MCO or the state fair hearing entity reverses a decision to deny authorization of services, and the member received the disputed services while the appeal was pending, the MCO must pay for those services in accordance with the contract.

C. At the discretion of the secretary, the department may overrule a decision made by the Division of Administration,

Division of Administrative Law (the state fair hearing entity).

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:942 (April 2015).

Subchapter B. Provider Grievance and Appeal Process

§3721. General Provisions

A. If the provider is filing a grievance or appeal on behalf of the member, the provider shall adhere to the provisions outlined in Subchapter A of this Chapter.

B. The MCO must have a grievance and appeals process for claims, medical necessity, and contract disputes for providers in accordance with the contract and department issued guides.

1. The MCO shall establish and maintain a procedure for the receipt and prompt internal resolution of all provider initiated grievances and appeals as specified in the contract and all department issued guides.

2. The MCO's grievance and appeals procedures, and any changes thereto, must be approved in writing by the department prior to their implementation.

3. Notwithstanding any MCO or department grievance and appeal process, nothing contained in any document, including, but not limited to Rule or contract, shall preclude an MCO provider's right to pursue relief through a court of appropriate jurisdiction.

4. The MCO shall report on a monthly basis all grievance and appeals filed and resolutions in accordance with the terms of the contract and department issued guide.

C. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1592 (June 2011), amended LR 41:942 (April 2015).

§3723. Definitions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1592 (June 2011), repealed LR 41:942 (April 2015).

§3725. General Provisions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1592 (June 2011), repealed LR 41:942 (April 2015).

§3727. Handling of Enrollee Grievances and Appeals

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1593 (June 2011), repealed LR 41:942 (April 2015).

§3729. Notice of Action

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1593 (June 2011), repealed LR 41:942 (April 2015).

§3731. Resolution and Notification

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1594 (June 2011), repealed LR 41:943 (April 2015).

§3733. Expedited Resolution of Appeals

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1595 (June 2011), repealed LR 41:943 (April 2015).

§3735. Continuation of Services during the Pending CCN-P Appeal or State Fair Hearing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1595 (June 2011), repealed LR 41:943 (April 2015).

§3737. Effectuation of Reversed Appeal Resolutions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1595 (June 2011), repealed LR 41:943 (April 2015).

Subchapter C. Grievance and Appeals Procedures for Providers

§3743. General Provisions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1595 (June 2011), repealed LR 41:943 (April 2015).

Chapter 39. Sanctions and Measures to Obtain Compliance

§3901. General Provisions

A. The MCO agrees to be subject to intermediate sanctions and other measures to obtain compliance with the terms and conditions of the contract.

1. The specific grounds for intermediate sanctions and other measures to obtain compliance shall be set forth within the contract.

a. - d. Repealed.

2. The determination of noncompliance is at the sole discretion of the department.

3. It shall be at the department's sole discretion as to the proper recourse to obtain compliance.

B. Intermediate Sanctions

1. The department may impose intermediate sanctions on the MCO if the department finds that the MCO acts or fails to act as specified in 42 CFR §438.700 et seq., or if the department finds any other actions/occurrences of misconduct subject to intermediate sanctions as specified in the contract.

2. The types of intermediate sanctions that the department may impose shall be in accordance with §1932 of the Social Security Act (42 U.S.C. §1396u-2) and 42 CFR §438.700 et seq.

3. The department will provide the MCO with due process in accordance with 42 CFR 438.700 et seq., including timely written notice of sanction and pre-termination hearing.

4. The department will give the CMS Regional Office written notice whenever it imposes or lifts a sanction for one of the violations listed in 42 CFR §438.700 et seq., specifying the affected MCO, the kind of sanction, and the reason for the department's decision to lift a sanction.

C. Other Measures. In addition to intermediate sanctions, the department may impose other measures to obtain MCO compliance with the terms and conditions of the contract, including but not limited to administrative actions, corrective action plans, and/or monetary penalties as specified in the contract.

1. Administrative actions exclude monetary penalties, corrective action plans, intermediate sanctions, and termination, and include but are not limited to a warning through written notice or consultation and education regarding program policies and procedures.

2. The MCO may be required to submit a corrective action plan (CAP) to the department within the timeframe specified by the department. The CAP, which is subject to approval or disapproval by the department, shall include:

- a. steps to be taken by the MCO to obtain compliance with the terms of the contract;
- b. a timeframe for anticipated compliance; and
- c. a date for the correction of the occurrence identified by the department.

3. The department, as specified in the contract, has the right to enforce monetary penalties against the MCO for certain conduct, including but not limited to failure to meet the terms of a CAP.

4. Monetary penalties will continue until satisfactory correction of an occurrence of noncompliance has been made as determined by the department.

D. Any and all monies collected as a result of monetary penalties or intermediate sanctions against a MCO or any of its subcontractors, or any recoupment(s)/repayment(s) received from the MCO or any of its subcontractors, shall be placed into the Louisiana Medical Assistance Trust Fund established by R.S. 46:2623.

E. Termination for Cause

1. Issuance of Notice Termination

a. The department may terminate the contract with an MCO when it determines the MCO has failed to perform, or violates, substantive terms of the contract or fails to meet applicable requirements in §§1903(m), 1905(t) or 1932 of the Social Security Act in accordance with the provisions of the contract.

b. The department will provide the MCO with a timely written Notice of Intent to Terminate notice. In accordance with federal regulations, the notice will state:

- i. the nature and basis of the sanction;
- ii. pre-termination hearing and dispute resolution conference rights, if applicable; and
- iii. the time and place of the hearing.

c. The termination will be effective no less than 30 calendar days from the date of the notice.

d. The MCO may, at the discretion of the department, be allowed to correct the deficiencies within 30

calendar days of the date that the notice was issued, unless other provisions in this Section demand otherwise, prior to the issue of a notice of termination.

F. Termination due to Serious Threat to Health of Members

1. The department may terminate the contract immediately if it is determined that actions by the MCO or its subcontractor(s) pose a serious threat to the health of members enrolled in the MCO.

2. The MCO members will be enrolled in another MCO.

G. Termination for Insolvency, Bankruptcy, Instability of Funds. The MCO's insolvency or the filing of a bankruptcy petition by or against the MCO shall constitute grounds for termination for cause.

1. Repealed.

H. Termination for Ownership Violations

1. The MCO is subject to termination unless the MCO can demonstrate changes of ownership or control when a person with a direct or indirect ownership interest in the MCO (as defined in the contract and PE-50) has:

a. been convicted of a criminal offense as cited in §1128(a), (b)(1) or (b)(3) of the Social Security Act, in accordance with federal regulations;

b. had civil monetary penalties or assessment imposed under §1128(A) of the Social Security Act; or

c. been excluded from participation in Medicare or any state health care program.

I. MCO Requirements Prior to Termination for Cause. The MCO shall comply with all of the terms and conditions stipulated in the contract and department issued guides during the period prior to the effective date of termination. The MCO is required to meet the requirements as specified in the contract if terminated for cause.

1. - 2.t. Repealed.

J. Termination for Failure to Accept Revised Monthly Capitation Rate. Should the MCO refuse to accept a revised monthly capitation rate as provided in the contract, the MCO may provide written notice to the department requesting that the contract be terminated effective at least 60 calendar days from the date the department receives the written request. The department shall have sole discretion to approve or deny the request for termination, and to impose such conditions on the granting of an approval as it may deem appropriate, but it shall not unreasonably withhold its approval.

1. Repealed.

K. - Q. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1596 (June 2011), amended LR 41:943 (April 2015).

Chapter 40. Audit Requirements

§4001. General Provisions

A. The MCO and its subcontractors shall comply with all audit requirements specified in the contract and department issued guides.

B. The MCO and its subcontractors shall maintain supporting financial information and documents that are adequate to ensure that payment is made in accordance with applicable federal and state requirements, and are sufficient to ensure the accuracy and validity of claims.

1. Such documents, including all original claim forms, shall be maintained and retained by the MCO and or its subcontractors for a period of six years after the contract expiration date or until the resolution of all litigation, claim, financial management review, or audit pertaining to the contract, whichever is longer.

2. The MCO or its subcontractors shall provide any assistance that such auditors and inspectors reasonably may require to complete with such audits or inspections.

C. ...

D. Upon reasonable notice, the MCO and its subcontractors shall provide the officials and entities identified in the contract and department issued guides with prompt, reasonable, and adequate access to any records, books, documents, and papers that are related to the performance of the contract.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1597 (June 2011), amended LR 41:944 (April 2015).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kathy H. Kliebert
Secretary

1505#051

RULE

Department of Health and Hospitals Bureau of Health Services Financing

Medicaid Eligibility Children Supplemental Security Income (SSI)

Editor's Note: The following Rule repeals provisions published in the October 20, 1998 edition of the *Louisiana Register* on page 1946.

The Department of Health and Hospitals, Bureau of Health Services Financing has repealed the October 20, 1998 Rule governing the Medicaid eligibility of children receiving supplemental security income (SSI) in the Medical Assistance Program as authorized by R.S. 46:153 and pursuant to title XIX of the Social Security Act. This Rule is in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Kathy H. Kliebert
Secretary

1505#052

RULE

Department of Health and Hospitals Bureau of Health Services Financing

Medicaid Eligibility
Modified Adjusted Gross Income
(LAC 50:III.2327, 2529, 10307, and 10705)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:III.10705 and adopted §2327, §2529 and §10307 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part III. Eligibility

Subpart 3. Eligibility Groups and Factors

Chapter 23. Eligibility Groups and Medicaid Programs

§2327. Modified Adjusted Gross Income (MAGI) Groups

A. For eligibility determinations effective December 31, 2013 eligibility shall be determined by modified adjusted gross income (MAGI) methodology in accordance with section 1004(a)(2) of the Patient Protection and Affordable Care Act (ACA) of 2010 and section 36B(d)(2)(B) of the *Internal Revenue Code*, for the following groups:

1. parents and caretaker relatives group which includes adult individuals formerly considered for low income families with children as parents or caretaker relatives;

2. pregnant women;

3. child related groups; and

4. other adult related groups including breast and cervical cancer, tuberculosis (TB) and family planning.

B. A MAGI determination will be necessary for each individual in the home for whom coverage is being requested. The MAGI household resembles the tax household.

1. MAGI Household. The individual's relationship to the tax filer and every other household member must be established for budgeting purposes. The MAGI household is constructed based on whether an individual is a:

- a. tax filer;

- b. tax dependent; or

- c. non-filer (neither tax filer or tax dependent).

2. For the tax filer the MAGI household includes the tax filer and all claimed tax dependents.

- a. Whether claimed or not, the tax filer's spouse, who lives in the home, must be included.

- b. If a child files taxes and is counted as a tax dependent on his/her parent's tax return, the child is classified as a tax dependent not a tax filer.

3. When taxes are filed for the tax dependent the MAGI household consists of the tax filer and all other tax dependents unless one of the following exceptions is met:

- a. being claimed as a tax dependent by a tax filer other than a parent or spouse (for example, a grandchild, niece, or tax filer's parent);

- b. children living with two parents who do not expect to file a joint tax return (including step-parents); or

- c. children claimed as a tax dependent by a non-custodial parent.

4. For individuals who do not file taxes nor expect to be claimed as a tax dependent (non-filer), the MAGI household consists of the following when they all live together:

- a. for an adult:

- i. the individual's spouse; and

- ii. the individual's natural, adopted, and step-children under age 19; and

- b. for a minor:

- i. the individual's natural, adoptive, or step-parents; and

- ii. the individual's natural, adopted, and step-siblings under age 19.

C. Parents and Caretaker Relatives Group

1. A caretaker relative is a relative of a dependent child by blood, adoption, or marriage with whom the child is living, and who assumes primary responsibility for the child's care. A caretaker relative must be one of the following:

- a. parent;

- b. grandparent;

- c. sibling;

- d. brother-in-law;

- e. sister-in-law;

- f. step-parent;

- g. step-sibling;

- h. aunt;

- i. uncle;

- j. first cousin;

- k. niece; or

- l. nephew.

2. The spouse of such parents or caretaker relatives may be considered a caretaker relative even after the marriage is terminated by death or divorce.

3. The assistance/benefit unit consists of the parent and/or caretaker relative and the spouse of the parent and/or caretaker relative, if living together, of child(ren) under age 18, or age 18 and a full-time student in high school or vocational/technical training. Children are considered deprived if income eligibility is met for the parents and caretaker relatives group. Children shall be certified in the appropriate children's category.

D. Pregnant Women Group

1. Eligibility for the pregnant women group may begin:

- a. at any time during a pregnancy; and

- b. as early as three months prior to the month of application.

2. Eligibility cannot begin before the first month of pregnancy. The pregnant women group certification may extend through the calendar month in which the 60-day postpartum period ends.

3. An applicant/enrollee whose pregnancy terminated in the month of application or in one of the three months prior without a surviving child shall be considered a pregnant woman for the purpose of determining eligibility in the pregnant women group.

4. Certification shall be from the earliest possible month of eligibility (up to three months prior to application) through the month in which the 60-day postpartum period ends.

5. Retroactive eligibility shall be explored regardless of current eligibility status.

a. If the applicant/enrollee is eligible for any of the three prior months, she remains eligible throughout the pregnancy and 60-day postpartum period. When determining retroactive eligibility actual income received in the month of determination shall be used.

b. If application is made after the month the postpartum period ends, the period of eligibility will be retroactive but shall not start more than three months prior to the month of application. The start date of retroactive eligibility is determined by counting back three months prior to the date of application. The start date will be the first day of that month.

6. Eligibility may not extend past the month in which the postpartum period ends.

7. The applicant/enrollee must be income eligible during the initial month of eligibility only. Changes in income after the initial month will not affect eligibility.

E. Child Related Groups

1. Children Under Age 19—CHAMP. CHAMP children are under age 19 and meet income and non-financial eligibility criteria. ACA expands mandatory coverage to all children under age 19 with household income at or below 133 percent federal poverty level (FPL). Such children are considered CHAMP children.

2. Children Under Age 19—LaCHIP. A child covered under the Louisiana State Children's Health Insurance Program (LaCHIP) shall:

- a. be under age 19;
- b. not be eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spend-down liability);
- c. not be eligible for Medicaid under the policies in the state's Medicaid plan in effect on April 15, 1997;
- d. not have health insurance; and
- e. have MAGI-based income at or below 212 percent (217 percent FPL with 5 percent disregard) of the federal poverty level.

3. Children Under Age 19—LaCHIP Affordable Plan. A child covered under the Louisiana State Children's Health Insurance Program (LaCHIP) Affordable Plan shall:

- a. be under age 19;
- b. not be income eligible for regular LaCHIP;
- c. have MAGI-based income that does not exceed 250 percent FPL;
- d. not have other insurance or access to the State Employees Health Plan;
- e. have been determined eligible for child health assistance under the State Child Health Insurance Plan; and
- f. be a child whose custodial parent has not voluntarily dropped the child(ren) from employer sponsored insurance within the last three months without good cause. Good cause exceptions to the three month period for dropping employer sponsored insurance are:
 - i. lost insurance due to divorce or death of parent;
 - ii. lifetime maximum reached;

- iii. COBRA coverage ends (up to 18 months);
- iv. insurance ended due to lay-off or business closure;
- v. changed jobs and new employer does not offer dependent coverage;
- vi. employer no longer provides dependent coverage;
- vii. monthly family premium exceeds 9.5 percent of household income; or
- viii. monthly premium for coverage of the child exceeds 5 percent of household income.

4. Children Under Age 19-Phase IV LaCHIP (SCHIP). The State Child Health Insurance Program (SCHIP) provides prenatal care services, from conception to birth, for low income uninsured mothers who are not otherwise eligible for other Medicaid programs, including CHAMP pregnant women benefits. This program, phase IV LaCHIP, also covers non-citizen women who are not qualified for other Medicaid programs due to citizenship status only.

F. Regular and Spend Down Medically Needy MAGI. Regular and spend down medically needy shall use the MAGI determination methodology.

G. Former Foster Care Children. Former foster care children are applicants/enrollees under 26 years of age, who were in foster care under the responsibility of the state at the time of their eighteenth birthday, and are not eligible or enrolled in another mandatory coverage category.

1. Former foster care children may also be applicants/enrollees who:

- a. have lost eligibility due to moving out of state, but re-established Louisiana residency prior to reaching age 26; or
- b. currently reside in Louisiana, but were in foster care in another state's custody upon reaching age 18.

2. Former foster care children must:

- a. be at least age 18, but under age 26;
- b. currently live in Louisiana;
- c. have been a child in foster care in any state's custody upon reaching age 18; and
- d. not be eligible for coverage in another mandatory group.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:945 (May 2015).

Chapter 25. Eligibility Factors

§2529. Hospital Presumptive Eligibility

A. Effective December 31, 2013 any hospital designated by Louisiana Medicaid as a hospital presumptive eligibility qualified provider (HPEQP) may obtain information and determine hospital presumptive eligibility (HPE) for individuals who are not currently enrolled in Medicaid and who are in need of medical services covered under the state plan.

1. Coverage groups eligible to be considered for hospital presumptive eligibility include:

- a. parents and caretaker relatives;
- b. pregnant women;
- c. children under age 19;
- d. former foster care children;
- e. family planning; and

f. certain individuals needing treatment for breast or cervical cancer.

B. **Qualified Hospitals.** Qualified hospitals shall be designated by the department as entities qualified to make presumptive Medicaid eligibility determinations based on preliminary, self-attested information obtained from individuals seeking medical assistance.

1. A qualified hospital shall:

a. be enrolled as a Louisiana Medicaid provider under the Medicaid state plan or a Medicaid 1115 demonstration;

b. not be suspended or excluded from participating in the Medicaid Program;

c. have submitted a statement of interest in making presumptive eligibility determinations to the department; and

d. agree to make presumptive eligibility determinations consistent with the state policies and procedures.

C. The qualified hospital shall educate the individuals on the need to complete an application for full Medicaid and shall assist individuals with:

1. completing and submitting the full Medicaid application; and

2. understanding any document requirements as part of the full Medicaid application process.

D. **Eligibility Determinations**

1. Household composition and countable income for HPE coverage groups are based on modified adjusted gross income (MAGI) methodology.

2. The presumptive eligibility period shall begin on the date the presumptive eligibility determination is made by the qualified provider.

3. The end of the presumptive eligibility period is the earlier of:

a. the date the eligibility determination for regular Medicaid is made, if an application for regular Medicaid is filed by the last day of the month following the month in which the determination for presumptive eligibility is made; or

b. the last day of the month following the month in which the determination of presumptive eligibility is made, if no application for regular Medicaid is filed by that date.

4. Those determined eligible for presumptive eligibility shall be limited to no more than one period of eligibility in a 12-month period, starting with the effective date of the initial presumptive eligibility period.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:946 (May 2015).

Subpart 5. Financial Eligibility

Chapter 103. Income

§10307. Modified Adjusted Gross Income (MAGI)

Groups

A. **MAGI Related Types of Income**

1. Alimony shall be counted as unearned income payments made directly to the household from non-household members.

2. Alien sponsor's income shall be counted against the flat grant needs of the alien's household. If the income of the

sponsor is equal to or greater than the flat grant amount for the number of people in the alien parent's family, the alien parent(s) is not eligible for inclusion in his children's Medicaid certification.

3. Business income or loss shall be countable net profit or loss from partnerships, corporations, etc.

4. Capital gain or loss shall be countable income.

5. A child's earned income is counted, except for the tax filer's budget when earnings are below the tax filing threshold.

6. Annual income received under an implied, verbal, or written contract in less than 12 months shall be averaged over the 12-month period it is intended to cover unless the income is received on an hourly or piecework basis.

7. Disability insurance benefits shall count as unearned income. If federal and/or state taxes are deducted, disability insurance benefits shall count as earned income.

8. Dividends shall count as unearned income. Dividends shall be averaged for the period they are intended to cover.

9. Interest, including tax-exempt interest, shall count as unearned income. Interest shall be averaged for the period it is intended to cover.

10. Irregular and unpredictable income shall count as income in the month of receipt. Annual income received under an implied, verbal, or written contract in less than 12 months shall be averaged over the 12-month period it is intended to cover unless the income is received on an hourly or piecework basis.

11. Income received from employment through the Job Training Partnership Act of 1982 (JTPA) program shall be counted as earned income. JTPA income received for training through JTPA program shall be counted as unearned income.

12. A non-recurring cash payment (lump sum) shall count as income only in the calendar month of receipt. This includes insurance settlements, back pay, state tax refunds, inheritance, IRA or other retirement distributions, and retroactive benefit payments.

13. Regular recurring income from oil and land leases shall be counted over the period it is intended to cover and counted as unearned income. Payments received in the first year of an oil lease, which are above the regular recurring rental and payments received when an oil lease is written for only one year, are treated as non-recurring lump sum payments.

14. Pensions and annuities shall count as unearned income.

15. Income is potentially available when the applicant/enrollee has a legal interest in a liquidated sum and has the legal ability to make this sum available for the support and maintenance of the assistance unit. Potential income shall be counted when it is actually available as well as when it is potentially available but the applicant/enrollee chooses not to receive the income. If the agency representative is unable to determine the amount of benefits available, the application shall be rejected for failure to establish need.

16. Railroad retirement shall count as unearned income the amount of the entitlement including the amount deducted from the check for the Medicare premiums, less any amount that is being recouped for a prior overpayment.

17. Ownership of rental property is considered a self-employment enterprise. Income received from rental property may be earned or unearned. To be counted as earned income, the applicant/enrollee must perform some work related activity. If the applicant/enrollee does not perform work related activity, the money received shall be counted as unearned income. Only allowable expenses associated with producing the income may be deducted. If the income is earned, any other earned income deductions are allowed.

18. The gross amount of retirement benefits, including military retirement benefits, counts as unearned income.

19. Royalties shall count as unearned income. Royalties shall be prorated for the period they are intended to cover.

20. Scholarships, awards, or fellowship grants shall count as unearned income if used for living expenses such as room and board.

21. Seasonal earnings shall count as earned income in the month received. If contractual, such as a bus driver or teacher, the income shall be prorated over the period it is intended to cover. If earnings are self-employment seasonal income, they shall be treated as self-employment income as below in Paragraph 22.

22. Self-employment income is counted as earned income. Self-employment income is income received from an applicant/enrollee's own business, trade, or profession if no federal or state withholding tax or Social Security tax is deducted from his job payment. This may include earnings as a result of participation in Delta Service Corps and farm income.

a. Allowable expenses are those allowed when filing taxes on a schedule C or farm income schedule F.

23. Social Security retirement, survivors and disability insurance benefits (RSDI) shall count as unearned income. The amount counted shall be that of the entitlement including the amount deducted from the check for the Medicare premium, less any amount that is being recouped for a prior overpayment.

24. Income from taxable refunds, credits, or offsets of state and local income taxes if claimed on Form 1040 shall count as unearned income.

25. Income from income trust withdrawals, dividends, or interest which are or could be received by the applicant/enrollee shall count as unearned income.

26. Tutorship funds are any money released by the court to the applicant/enrollee and shall be counted as unearned income.

27. Unemployment compensation benefits (UCB) shall be counted as unearned income in the month of receipt.

28. Taxable gross wages, salaries, tips, and commissions, including paid sick and vacation leave, shall count as earned income. Included as earned income are:

- a. vendor payments made by the employer instead of all or part of the salary;
- b. the cash value of an in-kind item received from an employer instead of all or part of the salary; and
- c. foreign earnings.

29. The following types of income shall not be counted for MAGI budgeting:

- a. adoption assistance;
- b. agent orange settlement payments;

c. American Indian and Native American Claims and Lands and income distributed from such ownership;

d. Census Bureau earnings;

e. child support payments received for anyone in the home;

f. contributions from tax-exempt organizations;

g. disaster payments;

h. Domestic Volunteer Service Act;

i. earned income credits;

j. educational loans;

k. energy assistance;

l. foster care payments;

m. Housing and Urban Development (HUD) block grant funds, payments, or subsidies;

n. in-kind support and maintenance;

o. loans;

p. income from nutritional programs;

q. income from radiation exposure;

r. relocation assistance;

s. scholarships, awards or fellowship grants used for education purposes and not for living expenses;

t. supplemental security income (SSI);

u. vendor payments;

v. veterans' benefits;

w. Women, Infants and Children Program (WIC) benefits;

x. work-study program income;

y. worker's compensation benefits; and

z. cash contributions. Money which is contributed by the absent parent of a child in the assistance unit is considered child support and not counted. Small, non-recurring monetary gifts (e.g., Christmas, birthday, or graduation gifts) are not counted. Cash contributions include any money other than loans received by or for a member of the income unit if:

i. the use is left to the discretion of the member of the income unit; or

ii. the contribution is provided for the specific purpose of meeting the maintenance needs of a member of the assistance unit.

B. Financial eligibility for the MAGI groups shall be made using income received in the calendar month prior to the month of application or renewal as an indicator of anticipated income. The taxable gross income of each member of the MAGI household shall be used. Income eligibility of the household shall be based on anticipated income and circumstances unless it is discovered that there are factors that will affect income currently or in future months.

1. Income eligibility is determined by prospective income budgeting or actual income budgeting.

a. Prospective income budgeting involves looking at past income to determine anticipated future income. Income earned in the calendar month prior to the month of application or renewal which the applicant/enrollee earned shall be used to determine expected income in the current and future months.

b. Actual income budgeting involves looking at income actually received within a specific month to determine income eligibility for that month. Actual income shall be used for all retroactive coverage. Actual income or

the best estimate of anticipated actual income shall be used if:

- i. the income terminates during the month;
- ii. the income begins during the month; or
- iii. the income is interrupted during the month.

2. Income of a Tax Dependent. The earned income of a tax dependent including a child shall be counted when calculating the financial eligibility of a tax filer when the earned income meets the tax filing threshold. The unearned income of a tax dependent, including a child, shall be used when calculating MAGI based financial eligibility regardless of tax filing status (e.g., RSDI).

a. Cash contributions to a dependent shall be counted towards the dependent.

3. Allowable Tax Deductions for MAGI. The following deductions from an individual's income shall be used to determine the individual's adjusted gross income:

- a. educator expenses;
- b. certain business expenses of reservists, performing artists and fee basis government offices;
- c. health savings account deductions;
- d. moving expenses;
- e. the deductible part of self-employment tax;
- f. self-employed SEP, SIMPLE and qualified plans;
- g. self-employed health insurance deduction;
- h. the penalty on early withdrawal of savings;
- i. alimony paid outside the home;
- j. IRA deductions;
- k. student loan interest deduction;
- l. tuition and fees; and
- m. domestic production activities deductions.

4. A 5 percent disregard shall be allowed on MAGI budgets when it is the difference between eligibility or ineligibility for the individual in a child related program.

5. The net countable income for the individual's household shall be compared to the applicable income standard for the household size to determine eligibility.

a. If the countable income is below the income standard for the applicable MAGI group, the individual is income eligible.

b. If the countable income is above the income standard for the applicable MAGI group, the individual is income ineligible.

C. Federal Poverty Income Guidelines (FPIG). Eligibility shall be based upon the following guidelines using the federal poverty income guidelines and adjusted to account for the 5 percent disregard:

1. parents/caretakers, income is less or equal to 24 percent FPIG;

2. pregnant women, income is less or equal to 138 percent FPIG;

3. CHAMP (children 0-18), income is less or equal to 147 percent FPIG;

4. LaCHIP, income is less or equal to 217 percent FPIG;

5. LaCHIP IV (unborn option), income is less or equal to 214 percent FPIG; and

6. LaCHIP Affordable Plan, income does not exceed 255 percent FPIG.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:947 (May 2015).

Chapter 107. Resources

§10705. Resource Disregards

A. - C.2. ...

D. Modified Adjusted Gross Income (MAGI) Groups. Resources will be disregarded for those groups using the MAGI determinations methodology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 35:1899 (September 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2867 (December 2010), LR 41:949 (May 2015).

Kathy H. Kliebert
Secretary

1505#053

RULE

Department of Health and Hospitals Bureau of Health Services Financing

Nursing Facilities
Per Diem Rate Reduction
(LAC 50:II.20005)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:II.20005 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part II. Nursing Facilities

Subpart 5. Reimbursement

Chapter 200. Reimbursement Methodology

§20005. Rate Determination

[Formerly LAC 50:VII.1305]

A. - P. ...

Q. Effective for dates of service on or after July 1, 2014, the per diem rate paid to non-state nursing facilities shall be reduced by \$90.26 of the rate in effect on June 30, 2014 until such time that the rate is rebased.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1791 (August 2002), amended LR 31:1596 (July 2005), LR 32:2263 (December 2006), LR 33:2203 (October 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:325 (February 2010), repromulgated LR 36:520 (March 2010), amended LR 36:1556 (July 2010), LR 36:1782 (August 2010), LR 36:2566 (November 2010), LR 37:092 (March 2011), LR 37:1174

(April 2011), LR 37:2631 (September 2011), LR 38:1241 (May 2012), LR 39:1286 (May 2013), LR 39:3097 (November 2013), LR 41:949 (May 2015).

Kathy H. Kliebert
Secretary

1505#054

RULE

Department of Health and Hospitals Emergency Response Network

LERN Destination Protocol: TRAUMA (LAC 48:I.19119)

The Louisiana Emergency Response Network Board has exercised the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and codifies into LAC 48:I.Chapter 191, a protocol heretofore adopted and promulgated by the Louisiana Emergency Response Network Board for the transport of trauma and time-sensitive ill patients, adopted as authorized by R.S. 9:2798.5.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 15. Emergency Response Network Board

Chapter 191. Trauma Protocols

§19119. Destination Protocol: TRAUMA

A. On November 20, 2014, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated “Destination Protocol: Trauma” to be effective January 1, 2015, and replacing the “LERN Destination Protocol: Trauma” adopted and promulgated November 21, 2013, as follows.

1. Call LERN communication center at (866) 320-8293 for patients meeting the following criteria.

<ul style="list-style-type: none"> Unmanageable airway Tension pneumothorax Traumatic cardiac arrest Burn patient without patent airway Burn patient > 40 percent BSA without IV 	Yes→	Closest ED/ Trauma Center
↓ No		
Measure vital signs and level of consciousness		
<ul style="list-style-type: none"> GCS ≤13 SBP <90mmHg RR <10 or >29 breaths per minute, or need for ventilator Support (<20 in infant aged <1 year) 	Yes→	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.</i>
↓ No		
Assess anatomy of injury		

<ul style="list-style-type: none"> All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee Chest wall instability or deformity (e.g. flail chest) Two or more proximal long-bone fractures Crushed, degloved, mangled, or pulseless extremity Amputation proximal to wrist or ankle Pelvic fractures Open or depressed skull fracture Paralysis Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture) 	Yes→	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.</i>
↓ No		
Assess mechanism of injury and evidence of high-energy impact		
<ul style="list-style-type: none"> Falls <ul style="list-style-type: none"> Adults: >20 feet (one story is equal to 10 feet) Children: >10 feet or two or three times the height of the child High-risk auto crash <ul style="list-style-type: none"> Intrusion, including roof: > 12 inches occupant site; > 18 inches any site Ejection (partial or complete) from automobile Death in the same passenger compartment Vehicle telemetry data consistent with a high risk of injury Auto vs. pedestrian/bicyclist/ATV thrown, run over, or with significant (>20 mph) impact Motorcycle crash >20mph 	Yes→	Transport to Trauma Center/Trauma Program which, depending upon the defined trauma system, need not be the highest level trauma center/program. If no Trauma Center/Trauma Program in the region, LCC may route to the most appropriate resourced hospital.
↓ No		
Assess special patient or system considerations		
<ul style="list-style-type: none"> Older Adults <ul style="list-style-type: none"> Risk of injury/death increases after age 55 years SBP <110 may represent shock after age 65 Low impact mechanisms (e.g. ground level falls) may result in severe injury Children <ul style="list-style-type: none"> Should be triaged preferentially to pediatric capable trauma centers Anticoagulants and bleeding disorders <ul style="list-style-type: none"> Patients with head injury are at high risk for rapid deterioration Burns <ul style="list-style-type: none"> With trauma mechanism: triage to trauma center Pregnancy >20 weeks Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip 	Yes→	Transport to Trauma Center/Trauma Program which, depending upon the defined trauma system, need not be the highest level trauma center/program. If no Trauma Center/Trauma Program in the region, LCC may route to the most appropriate resourced hospital.

fractures from same level falls		
• Major joint dislocations (hip, knee, ankle, elbow)		
• Open Fractures		
• EMS provider judgment		
↓ No		
Multi/Mass Casualty Incident	No→	Transport according to protocol

2. When in doubt, transport to a trauma center.

B. This protocol was published at LR 40:2710 (December 20, 2014).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 41:950 (May 2015).

Paige Hargrove
Executive Director

1505#008

RULE

Department of Natural Resources Office of Conservation

Extending Commercial Facilities and
Transfer Stations Setbacks under
Statewide Order No. 29-B (LAC 43:XIX.507)

The Department of Natural Resources, Office of Conservation has amended LAC 43:XIX.507 in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and pursuant to the power delegated under the laws of the state of Louisiana. The previous regulations pertaining to commercial facilities and transfer stations required a setback of 500 feet from a residential, commercial, or public building, church, school or hospital. This Rule adds an additional setback area associated with new commercial facilities and transfer stations in that they may not be located within 1,250 feet from a school, hospital or public park. Existing facilities and transfer stations will be exempt from the 1,250 foot rule. The facilities and stations handle the off-site storage, treatment and/or disposal of exploration and production waste generated from drilling and production of oil and gas wells.

Title 43

NATURAL RESOURCES

Part XIX. Office of Conservation—General Operations

Subpart 1. Statewide Order No. 29-B

Chapter 5. Off-Site Storage, Treatment and/or Disposal of Exploration and Production Waste Generated from Drilling and Production of Oil and Gas Wells

§507. Location Criteria

A. Commercial facilities and transfer stations may not be located in any area:

1. ...

2. where type A and B facilities and transfer stations, class II disposal wells, storage containers and E and P waste treatment systems and related equipment are located within 500 feet of a residential, commercial, or public building, church, school or hospital or for any proposed new

commercial facility or transfer station where publication of the notice of intent or date of the permit application filed with the Office of Conservation is dated after the promulgation date of this rule, where type A and B facilities and transfer stations, class II disposal wells, storage containers and E and P waste treatment systems and related equipment are located within 1,250 feet of a school, hospital, or public park;

3. - 7. ...

B. If the owner of the residence or commercial building or the administrative body responsible for the public building, hospital, church or public park waives the distance requirements of §507.A.2 above, such waiver must be in writing, shall contain language acceptable to the commissioner, and shall be included in the permit application.

C. ...

D. Any encroachment upon applicable location criteria after the date the notice of intent is published or the application is filed, whichever is earlier, shall not be considered a violation of this Section.

E. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 26:2817 (December 2000), amended LR 27:1901 (November 2001), LR 29:938 (June 2003), LR 41:951 (May 2015).

John H. Wells
Commissioner

1505#057

RULE

Department of Natural Resources Office of Conservation

Plug and Abandonment of Oil and Gas Wells,
Financial Security, Utility Review Status
(LAC 43:XIX.Chapter 1)

The Department of Natural Resources, Office of Conservation has amended LAC 43: XIX, Subpart 1 in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and pursuant to the power delegated under the laws of the state of Louisiana. The amendment was made to implement recommendations of the Legislative Auditor in the performance audit issued May 28, 2014. The amendment removed any exemptions from financial security, increased financial security amounts to be consistent with actual plug and abandonment costs and established periods for review of wells in future utility status.

Title 43

NATURAL RESOURCES

Part XIX. Office of Conservation—General Operations

Subpart 1. Statewide Order No. 29-B

Chapter 1. General Provisions

§101. Definitions

A. Unless the context otherwise requires, the words defined in this Section shall have the following meanings when found in this order.

Agent—the commissioner, the director of the Engineering Division, any of the district managers, or any other designee.

Department—the Department of Natural Resources, Office of Conservation of the state of Louisiana.

District Manager—the head of any one of the districts of the state under the Engineering Division, and as used, refers specifically to the manager within whose district the well or wells are located.

Inactive Well—an unplugged well that has been spud or has been equipped with cemented casing and that has had no reported production, disposal, injection, or other permitted activity for a period of greater than six months and is not part of an approved production program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Adopted by the Department of Conservation (August 1943), amended by the Department of Natural Resources, Office of Conservation, LR 41:951 (May 2015).

§104. Financial Security

A. Unless otherwise provided by the statutes, rules and regulations of the office of conservation, financial security shall be required by the operator of record (operator) pursuant to this Section for each applicable well as further set forth herein in order to ensure that such well is plugged and abandoned and associated site restoration is accomplished.

1. Permit to Drill

a. On or after the date of promulgation of this Rule, the applicant for a permit to drill must provide financial security, in a form acceptable to the commissioner, for such well as provided below, within 30 days of the completion date as reported on the form comp or Form WH-1, or from the date the operator is notified that financial security is required.

2. Amended Permit to Drill/Change of Operator

a. Any application to amend a permit to drill for change of operator must be accompanied by financial security as provided below or by establishing a site specific trust account in accordance with R.S. 30:88, prior to the operator change

3. The financial security requirements provided herein shall apply to class V wells as defined in LAC 43:XVII.103 for which an application for a permit to drill or amended permit to drill is submitted on and after July 1, 2000, at the discretion of the commissioner.

B. Compliance with this financial security requirement shall be provided by any of the following or a combination thereof:

1. certificate of deposit issued in sole favor of the Office of Conservation in a form prescribed by the commissioner from a financial institution acceptable to the commissioner. A certificate of deposit may not be withdrawn, canceled, rolled over or amended in any manner without the approval of the commissioner; or

2. a performance bond in sole favor of the office of conservation in a form prescribed by the commissioner issued by an appropriate institution authorized to do business in the state of Louisiana; or

3. letter of credit in sole favor of the office of conservation in a form prescribed by the commissioner issued by a financial institution acceptable to the commissioner;

4. a site specific trust account in accordance with R.S. 30:88.

C. Financial Security Amount

1. Land Location

a. Individual well financial security shall be provided in accordance with the following.

Measured Depth	Amount
< 3000'	\$ 7 per foot
3001-10000'	\$5 per foot
> 10001'	\$4 per foot

b. Blanket financial security shall be provided in accordance with the following.

Total Number of Wells Per Operator	Amount
≤ 10	\$50,000
11-99	\$250,000
≥ 100	\$500,000

2. *Water Location—Inland Lakes and Bays*—any water location in the coastal zone area as defined in R.S. 49:214.27 except in a field designated as offshore by the commissioner.

a. Individual well financial security shall be provided in the amount of \$8 per foot of well depth.

b. Blanket financial security shall be provided in accordance with the following.

Total Number of Wells Per Operator	Amount
< 10	\$250,000
11-99	\$1,250,000
> 100	\$2,500,000

3. *Water Location—Offshore*—any water location in a field designated as offshore by the commissioner.

a. Individual well financial security shall be provided in the amount of \$12 per foot of well depth.

b. Blanket financial security shall be provided in accordance with the following.

Total Number of Wells Per Operator	Amount
≤ 10	\$500,000
11-99	\$2,500,000
≥ 100	\$5,000,000

4. An operator of land location wells and water location wells who elects to provide blanket financial security shall be subject to an amount determined by the water location requirements.

5. The amount of the financial security as specified above may be increased at the discretion of the commissioner.

6. Financial security amounts will be periodically reviewed and adjusted to ensure they are reflective of the costs to plug and clear orphan well sites.

D. All wells exempt from financial security prior to the promulgation of this rule shall remain exempt so long as they remain with their current operator. A change of name by an operator of record through acquisition, merger, or otherwise does not preclude said successor operator from maintaining the exemption described herein.

E. The commissioner retains the right to utilize the financial security provided for a well in responding to an emergency applicable to said well in accordance with R.S. 30:6.1.

F. Financial security shall remain in effect until release thereof is granted by the commissioner pursuant to written request by the operator. Such release shall only be granted after plugging and abandonment and associated site restoration is completed and inspection thereof indicates compliance with applicable regulations or upon transfer of such well to another operator. In the event provider of financial security becomes insolvent, operator shall provide substitute form of financial security within 30 days of notification thereof.

G. Plugging and abandonment of a well, associated site restoration, and release of financial security constitutes a rebuttable presumption of proper closure but does not relieve the operator from further claim by the commissioner should it be determined that further remedial action is required.

H. In the event that an operator has previously provided financial security pursuant to LAC 43:XIX.104, such operator shall provide increased financial security, if required to remain in compliance with this Section, within 30 days after notice from the commissioner.

AUTHORITY NOTE: Promulgated in accordance with R. S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation LR 26:1306 (June 2000), amended LR 27:1917 (November 2001), LR 41:952 (May 2015).

§137. Plugging and Abandonment

A. Schedule of Abandonment

1. Dry Holes. All wells drilled for oil or gas and found to be dry prior to or after the effective date of this order shall be plugged within 90 days after operations have been completed thereon or 90 days after the effective date of this order, whichever is later, unless an extension of time is granted by the commissioner of conservation.

2. Inactive, Future Utility Wells. All inactive wells classified as having future utility shall be plugged within five years of the date of the well becoming inactive. Failure to accurately report wells on the inactive well report shall be subject to the provisions of R.S. 30:17.

a. For wells that have been inactive for a period of four years or more on the effective date of this rule, the well shall be plugged within one year of the effective date of this Rule.

b. If an operator chooses not to plug an inactive well in accordance with this Section for reasons of future utility, an annual assessment of \$250 per well per year shall be assessed until the well is plugged.

c. For all inactive wells not already covered by financial security as required in §104, financial security shall be provided within one year of the promulgation of this Rule.

d. The commissioner of conservation may grant an extension of time or other exemption for cause.

e. An operator may submit a request to the commissioner for a schedule of abandonment as described in §137(A)(4) to assist with meeting its plugging obligations.

f. All inactive wells shall be subject to the above provisions until the well has reported production for three consecutive months.

3. Other Wells on or after Effective Date of Order

a. All wells wherein production operations or use as a service well have ceased on or after the effective date of this order shall continue to be reported on the Form DM-1-R or Form DT-1 with the appropriate notation that the well is off production or no longer in use as a service well along with the date of last production or date the service well ceased to be used; and, after six months, if such a well has not been restored to production or use as a service well, it shall thereafter be reported by the operator on the semiannual inactive well report, Form INACT WR-1 (1974) which report shall be filed with the Department of Conservation showing the status of such well as of April 1 and October 1 of each year (report to be filed no later than April 25 and October 25). Such wells shall continue to be reported on the Form DM1-R or Form DT-1 showing the date of last production or the date the well ceased to be used as a service well, together with a notation showing the well is carried on the Form INACT WR-1 (1974), Inactive Well Report, until the well is plugged and abandoned.

b. The inactive well report shall list the field, well name, well number and other pertinent data and provide an appropriate column to classify such well as having either future utility, or no future utility. If the well is classified as having future utility, operator shall specify such utility by completing the appropriate column on the form. Wells so classified shall be reviewed periodically by the district manager who, at his discretion, may require an operator to supply additional information to justify the classification.

c. All such wells classified on the inactive well report by either the operator or the district manager as having no future utility shall be plugged within 90 days from the date of such classification unless any such well is included in a schedule of abandonment approved or promulgated by the commissioner of conservation or an extension of time is otherwise granted by the commissioner of conservation. The date any schedule of abandonment is approved or promulgated or an extension of time expires shall be shown in the appropriate column on the form.

4. Schedule of Abandonment. A schedule of abandonment submitted in accordance with Subparagraph 2.e or 3.c above shall include a schedule or program for the orderly plugging of wells which should be consistent with prudent operating practices and take into account any economic considerations and other circumstances which would affect such a program of plugging wells. Any schedule of abandonment approved or promulgated by the commissioner of conservation shall be followed unless modified by the operator with approval of the commissioner. Reference to the approved schedule of abandonment shall be made on the inactive well report for each well which is included in such a program and has not yet been plugged.

5. Administrative Interpretation. For purposes of administering the heretofore mentioned paragraphs, it is understood that:

a. a wellbore which is completed in more than one common source of supply (multiple completions) shall not be considered as ceasing to produce and shall not be reported on the inactive well report as long as there is production from or operations in any completion in the wellbore;

b. wells classified as having future utility may be off production or shut-in but are considered to have future utility for producing oil or gas, or for use as a service well;

B. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Adopted by the Department of Conservation (August 1943), amended (March 1974), amended by the Department of Natural Resources, Office of Conservation, LR 41:953 (May 2015).

James H. Welsh
Commissioner

1505#056

RULE

Department of Public Safety and Corrections Office of State Fire Marshal

Fire Protection (LAC 55:V.3239)

The Department of Public Safety and Corrections, Public Safety Services, Office of State Fire Marshal, in accordance with the provisions of R.S. 49:953(B), the Administrative Procedure Act, has repealed the following Rule regarding licensees of the State Fire Marshal engaging in door-to-door solicitation to "...comply with all local permitting ordinances and requirements..." This provision is repealed due to it being facially defective and therefore unconstitutional based upon Attorney General Opinion No. 08-0098 0098 (2009), citing *Central Hudson Gas and Electric Corp v. Public Service Commission*, 447 U.S. 557 (1980) and *Board of Trustees of the State University of New York v. Fox*, 492 U.S. 469 (1989) as authority. The repealed Rule requires licensees of the SFM engaging in door-to-door solicitation to "...comply with all local permitting ordinances and requirements ..." The above cited cases have held that door-to-door solicitation is speech within the meaning of the First Amendment of the U.S. Constitution, and local ordinances banning all door-to-door solicitation are constitutionally defective. Therefore, the repealed Section requiring that licensee's comply with all local ordinances is overly broad and therefore defective.

Title 55

PUBLIC SAFETY

Part V. Fire Protection

Chapter 32. Property Protection Licensing

§3239. Door-to-Door Solicitation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1664.2 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Fire Marshal, LR 37:2746 (September 2011), repealed LR 41:954 (May 2015).

Jill P. Boudreaux
Undersecretary

1505#061

RULE

Department of Transportation and Development Office of Operations

Advertising on DOTD-Owned Assets and Sponsorships
and Acknowledgment Signs on Public Rights-of-Way
(LAC 70:III.Chapter 8)

In accordance with the provision of the Administrative Procedure Act, R.S. 49:950 et seq., and through the authority granted in R.S. 48:274.2, the Department of Transportation and Development, Office of Operations, has amended Chapter 8 to allow signs and plaques on public rights-of-way to acknowledge sponsors who have contributed funds, services or materials for highway related purposes.

Title 70

TRANSPORTATION

Part III. Outdoor Advertising

Chapter 8. Advertising on Department of Transportation and Development-Owned Assets and Sponsorships on Public Rights-of-Way

§801. Advertising on Department Assets

A. Purpose

1. The purpose of this Section is to establish a policy within the Department of Transportation and Development (department) for allowing certain limited types of advertising on high-visibility assets owned by the department for the sole purpose of raising revenue to defray some costs of departmental services. This Section shall not apply to advertisements or acknowledgments on roadway rights-of-way.

2. The establishment of this policy is not for the purpose of creating a public forum, but is for the purpose of allowing tasteful, visually appealing and inoffensive content for the department's customers while simultaneously supplementing departmental revenues.

3. The display of advertising on departmental assets will not constitute an endorsement by the department of any of the products, services or messages advertised.

B. Requests for Proposals

1. The department may issue requests for proposals in order to secure bidders for advertisement spaces on state-owned assets.

2. The requests for proposals will be reviewed by a committee appointed by the secretary and the most suitable proposal, as determined by the committee, shall be selected.

3. The committee has the discretion to make reasonable choices concerning the types of advertising that may be displayed and shall utilize the criteria which follow in this Rule.

4. The department may limit the number of assets available for advertising displays.

5. The department may limit the term of the contract with the advertiser.

C. Guidelines for Content of Advertising

1. Only commercial advertising will be accepted. It should have content that promotes a commercial transaction.

2. No content promoting illegal activity or obscene, vulgar or offensive conduct shall be allowed.

3. No content that demeans or disparages individuals or groups shall be allowed.

4. No political advertising shall be allowed.

5. No advertising of adult oriented products shall be allowed. Exception: advertising of gambling facilities shall be allowed.

6. The advertising should not be so controversial that it can promote vandalism of advertising materials and associated departmental property.

D. Guidelines for Placement of Advertising on Assets

1. For advertising which requires a power source, such as electronics or LED lighting, the advertiser will be required by the department to submit and maintain detailed plans and provisions. The use of the powered advertising devices shall not have any adverse effect on the safety and functionality of the asset. If the safety and functionality of the asset is compromised after installation, the advertising shall be removed.

2. On ferries or vehicles, advertising may be placed on the inside or the outside of the ferry or vehicle. However, the advertising shall not be erected in such a manner that it impedes current lines of sight.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:21-26 and 48:274.2.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Office of Highways/Engineering, LR 37:3533 (December 2011), amended by the Office of Operations, LR 41:954 (May 2015).

§803. Sponsorship Agreements and Acknowledgment Signs and Plaques on Public Rights of Way

A. Applicability

1. As provided in Federal Highway Administration Order 5160.1A (FHWA Order 5160.1A), this Section shall apply to any street or roadway that is open to public travel.

B. Purpose

1. The purpose of this Section is to allow the use of signs and plaques to acknowledge a provision of highway-related services under both corporate and volunteer sponsorship programs while maintaining highway safety and minimizing driver distraction.

C. All sponsorship agreements and acknowledgment signs and acknowledgment plaques shall comply with the manual on uniform traffic control devices for streets and highways (MUTCD), published by the Federal Highway Administration (FHWA) under 23 CFR part 655, subpart F, and shall be administered pursuant to FHWA Order Number 5160.1A.

D. General Principles

1. If federal-aid funds were used within the corridor or facility for which sponsorship is being provided, then monetary contributions received as part of sponsorship agreements shall be spent only for highway purposes. If federal-aid funds were not used within the corridor or facility for which sponsorship is being provided, then, where practical, monetary contributions received as part of sponsorship agreements should be used only for highway purposes.

2. Agreements shall contain a provision requiring sponsors to comply with state laws prohibiting discrimination based on race, religion, color, age, sex, national origin, and all other applicable laws, rules and regulations.

3. All sponsorship agreements involving the interstate highway system are contingent upon the approval of the FHWA division administrator.

4. Sponsorship agreements shall include a termination clause giving the department the right to end such agreement at any time based on any of the following:

a. safety concerns;

b. interference with the free and safe flow of traffic;

c. a determination that the sponsorship agreement or acknowledgement is not in the public interest;

d. for the convenience of the department.

5. The department will maintain full ownership of any sponsored product, event, and asset.

6. The department shall maintain all authorship rights to publications.

7. The sponsoring organization is not permitted to charge fees for state owned products, events, or access to state property.

8. The sponsoring organization is not permitted to alter publications or other property without the written permission of the department.

E. Sponsorship Contractors

1. In some cases, the department may issue requests for proposals in order to secure bidders for the administration of the department's sponsorship program. Payment for such services may be based upon revenues or in-kind services generated from sponsors for highway related services.

2. Sponsorship contracts shall require the prior approval of the FHWA if the agreement relates to the Interstate highway system.

F. Eligibility Requirements

1. The department recognizes that entering into a sponsorship agreement with an external entity does not constitute an endorsement of the entity or its services and products but does imply an affiliation. Such affiliation can affect the reputation of the state among its citizens and its ability to govern effectively. Therefore, any proposal for sponsorship of a state program or service in which the involvement of an outside entity compromises the public's perception of the state's neutrality or its ability to act in the public interest will be rejected.

2. The department shall consider the following criteria before entering into a sponsorship agreement:

a. whether the sponsorship is consistent with the goals, objectives, and mission of the department and the current priorities that support these goals, objectives, and mission; and

b. the importance of the sponsorship to the mission of the department; and

c. the extent and prominence of the public display of sponsorship; and

d. aesthetic characteristics of the public display of sponsorship; and

e. the level of support provided by the sponsor; and

f. the cooperation necessary from the department to implement the sponsorship; and

g. any inconsistencies between the department's policies and the known policies of the potential sponsor; and

h. other factors that might undermine public confidence in the department's impartiality or interfere with the efficient delivery of department services or operations,

including, but not limited to, current or potential conflicts of interest, or perception of a conflict of interest, between the sponsor and department employees, officials, or affiliates; and the potential for the sponsorship to tarnish the state's standing among its citizens or otherwise impair the ability of the state to govern its citizens.

3. The amount of the approved financial or in-kind support is at the discretion of the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:21-26 and 48:274.2.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Office of Operations, LR 41:955 (May 2015).

§805. Advertising and Sponsorship Standards Committee

A. The secretary shall establish a three-member Advertising and Sponsorship Standards Committee. Such committee shall be independent and its determinations shall constitute final departmental determinations.

B. The committee shall review:

1. all requests for proposals;
2. the content of all advertisements;
3. all sponsorship agreements; and
4. the content of all acknowledgments signs and plaques to determine consistency with department policies and objectives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:21-26 and 48:274.2.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Office of Operations, LR 41:956 (May 2015).

§807. Guidelines for Placement of Advertising on Assets

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:21-26 and 48:274.2.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Office of Highways/Engineering, LR 37:3533 (December 2011), repealed by the Office of Operations, LR 41:956 (May 2015).

§809. Advertising Standards Committee

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:21-26 and 48:274.2.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Office of Highways/Engineering, LR 37:3533 (December 2011), repealed by the Office of Operations, LR 41:956 (May 2015).

Sherri H. LeBas
Secretary

1505#010

RULE

Department of Wildlife and Fisheries Wildlife and Fisheries Commission

Louisiana Fisheries Forward Program (LAC 76:VII.347)

The Wildlife and Fisheries Commission has established the Louisiana Fisheries Forward Program to increase and elevate professionalism in the commercial crab industry (R.S. 56:305.6). This Rule establishes the requirements needed to complete the program, including education in the

proper fishing techniques necessary for the health and sustainability of the species; proper techniques for the best capture and presentation of the crabs for marketability; proper instructions regarding the placement, tending, and maintenance of crab traps to reduce potential conflicts with other user groups; and authorizes the program to include a mandatory apprenticeship program.

Title 76

WILDLIFE AND FISHERIES

Part VII. Fish and Other Aquatic Life

Chapter 3. Saltwater Sport and Commercial Fishery §347. Louisiana Fisheries Forward Program

A. The following defines the requirements necessary to complete the program to increase and elevate professionalism in the commercial crab industry pursuant to R.S. 56:305.6. This program shall hereafter be referred to as the Louisiana Fisheries Forward Program.

B. For the purposes of this Section, the following will be defined as:

Applicant—licensed commercial fishermen attempting to obtain a commercial crab trap gear license through the program;

Mentor—a person holding a valid commercial crab trap gear license who mentors an apprentice in completing the apprenticeship path;

Sponsor—a person holding a valid commercial crab trap gear license who sponsors an apprentice in completing sponsorship path.

C. Policy

1. Applicants that do not qualify for a commercial crab trap gear license under provisions defined in R.S. 56:305.6 shall fulfill all the basic requirements and complete one of two field-training paths; the apprenticeship path, or the sponsorship path, to complete the program, and receive a crab trap gear license.

2. Before beginning a training path, an applicant must possess a valid Louisiana commercial fisherman's license and submit an application including copies of the applicant and mentor/sponsor's state issue identification to the department for approval. The license number will be used to track participation in the program.

3. The basic requirements and chosen training path shall be completed within one consecutive 12-month period.

4. Applicants who wish to change their mentor or sponsor during the process shall submit a new application containing the new mentor's or sponsor's information along with a written explanation for the change. Applicants shall not lose credit for hours or trips logged under the previous mentor or sponsor provided they are verified pursuant to Paragraphs F.3 and G.3 of this Section.

D. Eligibility

1. Any person who has been convicted of a class 3 or greater fisheries violation in the last five years shall not be eligible to participate as an applicant, mentor, or sponsor.

2. Any person choosing to participate as a mentor shall possess a valid commercial crab trap gear license and have documented a minimum of six trip tickets showing sales of crabs caught in Louisiana in any two of the previous four years.

3. Any person choosing to participate as a sponsor shall possess a valid commercial crab trap gear license and have documented a minimum of six trip tickets showing

sales of crabs caught in Louisiana waters in any two of the previous four years.

E. Basic Requirements

1. Each applicant must successfully complete an NASBLA-approved boating safety class as required by R.S. 34:851.36.

2. Each applicant must complete and receive a certificate in the following Louisiana fisheries forward online courses. The applicant will be required to view 100 percent of the content and score a minimum of 80 percent in order to receive a certificate.

a. Course providing a detailed overview of state and federal statutes governing legal harvest of major seafood commodities, including but not limited to, licensing and permitting, harvest regulations, reporting requirements, and responsible and safe fishing.

b. Course covering the legalities and best management practices of crab fishing, including but not limited to, licensing and permitting requirements, crab harvest regulations, reporting requirements, best handling practices, responsible fishing, and vessel operation.

c. Course covering fundamental financial concepts targeted to Louisiana's commercial fishing industry, including but not limited to, budgeting, cash flow, taxes, insurance, loans, grants, and business plans.

d. Course covering the fundamental concepts for producing high quality seafood, including but not limited to, quality loss, temperature control, icing, chilling, freezing, and proper handling and storage.

F. Apprenticeship Path

1. To initiate the apprenticeship training path the applicant and applicant's mentor must complete and submit an application to the department. The application shall state the intent to participate in apprenticeship training and include the last four digits of the Social Security number, name and address, commercial fishing license number and photocopies of the state-issued photo identification of both the applicant and the applicant's mentor. Additionally, the mentor's valid commercial crab trap gear license number must be provided.

2. The applicant shall complete a minimum of 200 hours of apprenticeship training related to crab fishing under supervision of the applicant's designated mentor. Training hours shall be recorded daily on training log forms provided by the department. Copies of the training logs shall be submitted to the department on a quarterly basis. A minimum of 100 hours of training shall be performed and logged on days when the applicant's mentor has harvested and reported trip ticket sales of crabs. Any previous work or training experience in the crab fishery conducted prior to the date of approval of the apprenticeship by the department shall not count toward the applicant's total required hours.

3. Upon completion, the applicant and mentor must complete and submit a notarized affidavit signed by both the applicant and the mentor and include the original signed training log forms along with copies of the trip tickets evidencing harvesting hours. The affidavit shall be provided by the department and indicate the completion of the apprenticeship, affirm the accuracy of the associated log forms and corresponding trip tickets, and include the name, address, and commercial fishing license of both the applicant and the mentor.

G. Sponsorship Path

1. To initiate the sponsorship training path the applicant and applicant's sponsor must complete and submit an application to the department. The application shall state the intent to participate in sponsorship training and include the last four digits of the Social Security number, name and address, commercial fishing license number and photocopies of state issued photo identification of both the applicant and the applicant's sponsor. Additionally, the sponsor's valid commercial crab trap gear license number must be provided.

2. The department shall issue a special crab trap permit allowing the applicant to actively fish crabs under the sponsor's crab trap gear license and report trip ticket sales of crabs using the applicant's name and commercial fisherman's license number. This permit shall only be issued once and shall only be valid for the duration of the sponsorship. The applicant must complete a minimum of 20 crab fishing trips evidenced by trip tickets. Any trips or landings conducted prior to the date the sponsorship is initiated shall not count toward the applicant's total required crab fishing trips.

3. Upon completion, the applicant and sponsor must complete and submit a notarized affidavit signed by both the applicant and the sponsor and include copies of the trip tickets used to evidence the required crab fishing trips. The affidavit shall be provided by the department and indicate the completion of the sponsorship, affirm the accuracy of the associated trip tickets, and include the name, address, and commercial fishing license of both the applicant and the sponsor.

H. Optional Training

1. Applicants may substitute attendance at certain department approved meetings or educational events for required apprenticeship hours and sponsorship trips. Eligible meetings and events include, Louisiana crab task force meetings, crab dock days, and annual Louisiana fisheries summits. Additional meetings and events may be deemed eligible by the department.

a. Each hour of meeting attendance shall substitute for one hour of the apprenticeship requirement. Every 10 hours of meeting attendance shall substitute for one fishing trip of the sponsorship requirement.

b. A maximum 50 hours of meeting attendance may be substituted for the apprenticeship requirements, or a maximum 5 fishing trips may be substituted for the sponsorship requirements. Attendance at meetings or educational events shall be documented by a designated department employee or agent. The applicant shall sign in upon arrival, present a valid photo ID and provide their commercial license number. Upon departure, the applicant shall sign out.

2. Attendance at meetings or educational events shall be documented by a designated department employee or agent. The applicant shall sign in upon arrival, present a photo ID and provide their commercial license number. Upon departure, the applicant shall sign out.

a. Applicants who sign in prior to the start of an event and sign out after the conclusion of an event shall receive substitution credit hours equal only to the length of the event. Applicants shall not receive extra credit hours for arriving early or staying late at an event.

b. Applicants who fail to sign out shall not receive credit hours for attending an event.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:305.6.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 41:956 (May 2015).

Billy Broussard
Chairman

1505#027

RULE

Department of Wildlife and Fisheries Wildlife and Fisheries Commission

Resident Game Hunting Season and Game Birds and Animals, General and Wildlife Management Area Provisions and Turkey Hunting Provisions, Areas, Seasons, and Bag Limits
(LAC 76:XIX.Chapter 1)

The Wildlife and Fisheries Commission has amended the general and wildlife management area rules and regulations for the 2015-2016 season, the resident game hunting season for the 2015-2017 hunting seasons, the general and wildlife management area rules and regulations for the turkey season, the turkey hunting areas, and seasons, and bag limits for the 2016 turkey season.

Title 76

WILDLIFE AND FISHERIES

Part XIX. Hunting and WMA Regulations

Chapter 1. Resident Game Hunting Season

§101. General

A. The resident game hunting season regulations have been adopted by the Wildlife and Fisheries Commission. A complete copy of the regulation pamphlet may be obtained from the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 21:707 (July 1995), amended LR 22:585 (July 1996), LR 23:871 (July 1997), LR 24:1324 (July 1998), LR 25:1290 (July 1999), LR 26:1506 (July 2000), LR 27:1061 (July 2001), LR 28:1615 (July 2002), LR 29:1122 (July 2003), LR 30:1493 (July 2004), LR 31:1627 (July 2005), LR 32:1253 (July 2006), LR 33:1399 (July 2007), LR 34:1447 (July 2008), LR 35:1278 (July 2009), LR 36:1580 (July 2010), LR 37:2206 (July 2011), LR 38:1747 (July 2012), LR 40:1534 (August 2014), LR 41:958 (May 2015).

§103. Resident Game Birds and Animals

A. Shooting Hours—one-half hour before sunrise to one-half hour after sunset.

B. Consult Regulation Pamphlet for Seasons or Specific Regulations on Wildlife Management Areas or Specific Localities

Species	Season Dates	Daily Bag Limit	Possession Limit
Quail	OPENS: 3rd Saturday of November CLOSES: Last Day of February	10	20
Rabbit and Squirrel	OPENS: 1st Saturday of October CLOSES: Last Day of February	8	16
Squirrel *	OPENS: 1st Saturday of May for 23 days	3	6
Deer 2015-17	See Schedule	1 antlered and 1 antlerless (when legal)	6/season (not to exceed 3 antlered deer or 4 antlerless deer)

*NOTE: Spring squirrel season is closed on the Kisatchie National Forest, National Wildlife Refuges, U.S. Army Corps of Engineers property. Some state wildlife management areas will be open, check WMA season schedule.

C. Deer Hunting Schedule 2015-2016

Area	Archery	Primitive Firearms (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
1	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. after 2nd Sat. of Nov. OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. OPENS: Mon. after 1st Sat. of Jan. CLOSES: next to last Sun. of Jan.	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Jan.

Area	Archery	Primitive Firearms (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
2	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: Next to last Sat. of Oct. CLOSES: Fri. before last Sat. of Oct. OPENS: Mon. after the last day of Modern Firearm Season in Jan. CLOSES: After 7 days.	OPENS: Last Sat. of Oct. CLOSES: Tues. before 2nd Sat. of Dec. in odd numbered years and on Wed. during even numbered years EXCEPT when there are 5 Sats. in Nov. and then it will close on the Tues. in odd numbered years or Wed. during even numbered years before the 1st Sat. of Dec.	OPENS: Wed. before the 2nd Sat. of Dec. in odd numbered years and on Thurs. during even numbered years EXCEPT when there are 5 Sats. in Nov., then it will open on the Wed. before the 1st Sat. of Dec. on odd years and Thurs. during even numbered years CLOSES: 40 days after opening in odd numbered years or 39 days after opening in even numbered years
3	OPENS: 3rd Sat. of Sept. CLOSES: Jan. 15	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct. OPENS: Mon. after Thanksgiving Day CLOSES: Fri. before 1st Sat. of Dec.	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after Thanksgiving Day OPENS: 1st Sat. of Dec. CLOSES: After 37 days	
4	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. after 2nd Sat. of Nov. (EITHER SEX) OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan. (EITHER SEX FOR 1ST 7 DAYS, BUCKS ONLY FOR REMAINDER OF SEASON)	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Mon. after 1st Sat. of Jan. CLOSES: next to last Sun. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 3rd Sat. of Nov. CLOSES: Sun. after 3rd Sat. of Nov. (EITHER SEX) OPENS: Friday after Thanksgiving CLOSES: Sun. after Thanksgiving. (EITHER SEX) OPENS: 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Dec. (EITHER SEX) OPENS: 2nd Sat. of Jan. CLOSES: Sun. after 2nd Sat. of Jan. (EITHER SEX) OPENS: 3rd Sat. of Jan. CLOSES: Sun. after 3rd Sat. of Jan. (EITHER SEX)	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 2nd Sat. of Dec. CLOSES: Sun. after 2nd Sat. of Dec. (EITHER SEX) OPENS: 3rd Sat. of Dec. CLOSES: Sun. after 3rd Sat. of Dec. (EITHER SEX) OPENS: 4th Sat. of Dec. CLOSES: Sun. after 4th Sat. of Dec. (EITHER SEX) OPENS: 1st Sat. of Jan. CLOSES: Sun. after 1st Sat. of Jan. (EITHER SEX)
5	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. before 3rd Sat. of Nov. (EITHER SEX) OPENS: Day after the close of Modern Firearm Season CLOSES: After 7 consecutive days (EITHER SEX)	OPENS: Day after Thanksgiving Day CLOSES: 2nd Sun. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Fri. after Thanksgiving CLOSES: Sun. after Thanksgiving (EITHER SEX) OPENS: 1st Sat. of Dec. CLOSES: 1st Sun. of Dec. (EITHER SEX)	
6	OPENS: 1st day of Oct. CLOSES: Feb. 15 (1st 15 days are BUCKS ONLY)	OPENS: 2nd Sat. of Nov. CLOSES: Fri. before 3rd Sat. of Nov. OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec.	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Next to last Sun. of Jan.

Area	Archery	Primitive Firearms (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
7	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct.(EITHER SEX) OPENS: 1st Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Nov. (BUCKS ONLY).	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after 3rd Sat. of Oct. (EITHER SEX) OPENS: Mon. after 3rd Sun. of Oct. CLOSES: Fri Before 1st Sat. of Nov. (BUCKS ONLY) OPENS: 2nd Sat of Nov. CLOSES: Sun. after Thanksgiving (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 3rd Sat. of Nov. CLOSES: Sun. after 3rd Sat. of Nov. (EITHER SEX) OPENS: Fri. after Thanksgiving. CLOSES: Sun. after Thanksgiving. (EITHER SEX)	OPENS: Mon. after Thanksgiving Day CLOSES: After 35 days(BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Sat. after Christmas. CLOSES: Sun. after Christmas. (EITHER SEX)
8	OPENS: 3rd Sat. of Sept. CLOSES: Jan. 15	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct. OPENS: Mon. after Thanksgiving Day CLOSES: Fri. before 1st Sat. of Dec.	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after Thanksgiving Day.	OPENS: 1st Sat. of Dec. CLOSES: After 37 days.
9	OPENS: 1st day of Oct. CLOSES: Feb. 15 (1st 15 days are BUCKS ONLY)	OPENS: 2nd Sat. of Nov. CLOSES: Fri. before 3rd Sat. of Nov.(BUCKS ONLY) OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.(EITHER SEX 1ST 7 DAYS, BUCKS ONLY FOR REMAINDER OF SEASON)	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Fri. after Thanksgiving Day. CLOSES: Sun. after Thanksgiving day. (EITHER SEX)	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Next to last Sun. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 2nd Sat. of Dec. CLOSES: Sun. after 2nd Sat. of Dec. (EITHER SEX) OPENS: Sat. after Christmas. CLOSES: Sun. after Christmas. (EITHER SEX) OPENS: 2nd Sat. in Jan. CLOSES: Sun. after 2nd Sat. in Jan. (EITHER SEX)
10	OPENS: 3rd Sat. of Sept. CLOSES: Jan. 15	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct. (EITHER SEX) OPENS: Mon. after Thanksgiving Day CLOSES: Fri. before 1st Sat. of Dec. (BUCKS ONLY)	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after Thanksgiving Day(BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 1st Sat. of Dec. CLOSES: After 37 days(BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 3rd Sat. of Oct. CLOSES: Sun. after 3rd Sat. in Oct. (EITHER SEX) OPENS: 2nd Sat. of Nov. CLOSES: Sun. after 2nd Sat. of Nov. (EITHER SEX) OPENS: Fri. after Thanksgiving. CLOSES: Sun. after Thanksgiving. (EITHER SEX) OPENS: Sat. after Christmas. CLOSES: Sun. after Christmas. (EITHER SEX)	

D. Deer Hunting Schedule 2016-2017

Area	Archery	Primitive Firearms (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
1	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. after 2nd Sat. of Nov. OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. OPENS: Mon. after 1st Sat. of Jan. CLOSES: next to last Sun. of Jan.	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Jan.
2	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: Next to last Sat. of Oct. CLOSES: Fri. before last Sat. of Oct. OPENS: Mon. after the last day of Modern Firearm Season in Jan. CLOSES: After 7 days.	OPENS: Last Sat. of Oct. CLOSES: Tues. before 2nd Sat. of Dec. in odd numbered years and on Wed. during even numbered years EXCEPT when there are 5 Sats. in Nov. and then it will close on the Tues. in odd numbered years or Wed. during even numbered years before the 1st Sat. of Dec.	OPENS: Wed. before the 2nd Sat. of Dec. in odd numbered years and on Thurs. during even numbered years EXCEPT when there are 5 Sats. in Nov., then it will open on the Wed. before the 1st Sat. of Dec. on odd years and Thurs. during even numbered years CLOSES: 40 days after opening in odd numbered years or 39 days after opening in even numbered years
3	OPENS: 3rd Sat. of Sept. CLOSES: Jan. 15	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct. OPENS: Mon. after Thanksgiving Day CLOSES: Fri. before 1st Sat. of Dec.	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after Thanksgiving Day OPENS: 1st Sat. of Dec. CLOSES: After 37 days	
4	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. after 2nd Sat. of Nov. OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan. (EITHER SEX FOR 1ST 7 DAYS, BUCKS ONLY FOR REMAINDER OF SEASON)	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Mon. after 1st Sat. of Jan. CLOSES: next to last Sun. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 3rd Sat. of Nov. CLOSES: Sun. after 3rd Sat. of Nov. (EITHER SEX) OPENS: Friday after Thanksgiving CLOSES: Sun. after Thanksgiving. (EITHER SEX) OPENS: 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Dec. (EITHER SEX) OPENS: 2nd Sat. of Jan. CLOSES: Sun. after 2nd Sat. of Jan. (EITHER SEX) OPENS: 3rd Sat. of Jan. CLOSES: Sun. after 3rd Sat. of Jan. (EITHER SEX)	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 2nd Sat. of Dec. CLOSES: Sun. after 2nd Sat. of Dec. (EITHER SEX) OPENS: 3rd Sat. of Dec. CLOSES: Sun. after 3rd Sat. of Dec. (EITHER SEX) OPENS: 4th Sat. of Dec. CLOSES: Sun. after 4th Sat. of Dec. (EITHER SEX) OPENS: 1st Sat. of Jan. CLOSES: Sun. after 1st Sat. of Jan. (EITHER SEX)
6	OPENS: 1st day of Oct. CLOSES: Feb. 15 (1st 15 days are BUCKS ONLY)	OPENS: 2nd Sat. of Nov. CLOSES: Fri. before 3rd Sat. of Nov. OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec.	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Next to last Sun. of Jan.

Area	Archery	Primitive Firearms (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
7	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct.(EITHER SEX) OPENS: 1st Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Nov. (BUCKS ONLY).	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after 3rd Sat. of Oct. (EITHER SEX) OPENS: Mon. after 3rd Sun. of Oct. CLOSES: Fri Before 1st Sat. of Nov. (BUCKS ONLY) OPENS: 2nd Sat of Nov. CLOSES: Sun. after Thanksgiving (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 3rd Sat. of Nov. CLOSES: Sun. after 3rd Sat. of Nov. (EITHER SEX) OPENS: Fri. after Thanksgiving. CLOSES: Sun. after Thanksgiving. (EITHER SEX)	OPENS: Mon. after Thanksgiving Day CLOSES: After 35 days(BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Sat. after Christmas. CLOSES: Sun. after Christmas. (EITHER SEX)
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9	OPENS: 1st day of Oct. CLOSES: Feb. 15 (1st 15 days are BUCKS ONLY)	OPENS: 2nd Sat. of Nov. CLOSES: Fri. before 3rd Sat. of Nov.(BUCKS ONLY) OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.(EITHER SEX 1ST 7 DAYS, BUCKS ONLY FOR REMAINDER OF SEASON)	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Fri. after Thanksgiving Day. CLOSES: Sun. after Thanksgiving day. (EITHER SEX)	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Next to last Sun. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 2nd Sat. of Dec. CLOSES: Sun. after 2nd Sat. of Dec. (EITHER SEX) OPENS: Sat. after Christmas. CLOSES: Sun. after Christmas. (EITHER SEX) OPENS: 2nd Sat. in Jan. CLOSES: Sun. after 2nd Sat. in Jan. (EITHER SEX)
10	OPENS: 3rd Sat. of Sept. CLOSES: Jan. 15	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct. (EITHER SEX) OPENS: Mon. after Thanksgiving Day CLOSES: Fri. before 1st Sat. of Dec. (BUCKS ONLY)	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after Thanksgiving Day(BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 1st Sat. of Dec. CLOSES: After 37 days(BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 3rd Sat. of Oct. CLOSES: Sun. after 3rd Sat. in Oct. (EITHER SEX) OPENS: 2nd Sat. of Nov. CLOSES: Sun. after 2nd Sat. of Nov. (EITHER SEX) OPENS: Fri. after Thanksgiving. CLOSES: Sun. after Thanksgiving. (EITHER SEX) OPENS: Sat. after Christmas. CLOSES: Sun. after Christmas. (EITHER SEX)	

E. Farm-raised white-tailed deer on supplemented shooting preserves:

1. archery, firearm, primitive firearms—October 1-January 31 (either-sex).

F. Exotics on supplemented shooting preserves:

1. either sex—no closed season.

G. Spring squirrel hunting:

1. season dates—opens 1st Saturday of May for 23 days;

2. closed areas:

a. Kisatchie National Forest, national wildlife refuges, and U.S. Army Corps of Engineers property and all WMAs except as provided in Paragraph 3 below;

3. wildlife management area schedule—opens first Saturday of May for nine days on all WMAs except Fort Polk, Peason Ridge, Camp Beauregard, Pass-a-Loutre and Salvador. Dogs are allowed during this season for squirrel hunting. Feral hogs may be taken on wildlife management areas during this season;

4. limits—daily bag limit is three and possession limit is nine.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115, R.S. 56:109(B) and R.S. 56:141(C).

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 21:707 (July 1995), amended LR 22:585 (July 1996), LR 23:871 (July 1997), LR 24:1324 (July 1998), LR 25:1290 (July 1999), repromulgated LR 25:1526 (August 1999), LR 26:1506 (July 2000), LR 27:1061 (July 2001), LR 28:1615 (July 2002), LR 29:1122 (July 2003), repromulgated LR 29:1521 (August 2003), LR 30:1494 (July 2004), LR 31:1627 (July 2005), LR 32:1254 (July 2006), LR 33:115 (January 2007), LR 33:1399 (July 2007), LR 34:1447 (July 2008), LR 35:1280 (July 2009), LR 35:2856 (December 2009), LR 36:1580 (July 2010), LR 37: 2207 (July 2011), LR 38:1747 (July 2012), LR 40:1535 (August 2014), LR 41:958 (May 2015).

§111. General and Wildlife Management Area Hunting Rules and Regulations

A. Hunting Seasons and Wildlife Management Area (WMA) Regulations

1. The rules and regulations contained within this digest have been officially approved and adopted by the Wildlife and Fisheries Commission under authority vested by sections 115 and 116 of title 56 of the *Louisiana Revised Statutes* of 1950 and are in full force and effect in conjunction with all applicable statutory laws. The secretary of the Department of Wildlife and Fisheries (LDWF) has the authority to close or alter seasons in emergency situations in order to protect fish and wildlife resources.

2. Pursuant to section 40.1 of title 56 of the *Louisiana Revised Statutes* of 1950, the Wildlife and Fisheries Commission has adopted monetary values which are assigned to all illegally taken, possessed, injured or destroyed fish, wild birds, wild quadrupeds and other wildlife and aquatic life. Anyone taking, possessing, injuring or destroying fish, wild birds, wild quadrupeds and other wildlife and aquatic life shall be required to reimburse the LDWF a sum of money equal to the value of the wildlife illegally taken, possessed, injured or destroyed. This monetary reimbursement shall be in addition to any and all criminal penalties imposed for the illegal act.

B. Resident Game Birds and Animals

1. Shooting hours: one-half hour before sunrise to one-half hour after sunset.

C. Other Season Dates

1. Turkey. Please refer to turkey regulations.

2. Raccoon and Opossum. No closed season. Raccoon and opossum can be taken at night by one or more licensed hunters with one or more dogs and one .22 caliber or smaller rimfire firearm. A licensed hunter may take raccoon or opossum with .22 caliber or smaller rimfire firearm, .36 caliber or smaller muzzleloader rifle or shotgun during daylight hours. Hunting from boats or motor vehicles is prohibited. No bag limit for nighttime or daytime raccoon or opossum hunting during the open trapping season except on certain WMAs as listed. The remainder of the year, the raccoon and opossum bag limit for daytime or nighttime is two per person per day or night. No one who hunts raccoons or opossums as prescribed above shall pelt during the closed trapping season nor sell skins or carcasses of raccoons and opossums taken during the open trapping season unless he is the holder of a valid trapping license which shall be required

in addition to his basic hunting license. Pelting or selling carcasses is illegal during closed trapping season.

3. Nutria. On WMAs and private property nutria may be taken recreationally by licensed hunters from September 1 through the last day of February, during legal shooting hours by any legal hunting method with a daily limit of five. Except nutria may be taken on Atchafalaya Delta, Salvador/Timken, Pointe-Aux-Chenes and Pass-a-Loutre WMAs from September 1 to March 31. When taken with a shotgun, non-toxic shot must be used. On WMAs during waterfowl seasons, nutria may be taken only with the use of shotguns with shot no larger than F steel, and during gun deer seasons, anyone taking nutria must display 400 square inches of “hunter orange” and wear a “hunter orange” cap or hat. Recreational nutria hunters must remove each nutria carcass in whole condition from the hunting area, except that nutria may be gutted. Possession of detached nutria parts, including nutria tails, by recreational hunters is illegal. Nutria harvested recreationally may not be pelted nor may such nutria or any nutria parts from recreationally taken nutria be sold, including the tail. Trespassing upon private property for the purpose of taking nutria or other furbearing animals is punishable by fines and possible jail time (R.S. 56:265). The Coastwide Nutria Control Program is a separate program and is in no way related to the nutria recreational season. For questions on the Coastwide Nutria Control Program, call the New Iberia office (337) 373-0032.

4. Blackbirds and Crows. The season for crows shall be September 1 through January 1 with no limit; however crows, blackbirds, cowbirds and grackles may be taken year round during legal shooting hours if they are depredating or about to depredate upon ornamentals or shade trees, agricultural crops, livestock, wildlife, or when concentrated in such numbers as to cause a health hazard. Louisiana has determined that the birds listed above are crop depredators and that crows have been implicated in the spread of the West Nile virus in humans. As described in 50 CFR Part 21, non-toxic shot must be used for the take of crows, blackbirds, cowbirds and grackles under the special depredation order. In addition an annual report has to be submitted to the U.S. Fish and Wildlife Service for those that participate in the take of these species.

5. Pheasant. Open concurrently with the quail season; no limit.

6. Falconry. Special permit required. Resident and migratory game species may be taken except turkeys. Seasons and bag limits are the same as for statewide and WMA regulations. Refer to LAC 76:V.301 for specific falconry rules.

7. Licensed Hunting Preserve, October 1-April 30, Pen-Raised Birds Only. No limit entire season. Refer to LAC 76:V.305 for specific hunting preserve rules.

8. Deer Management Assistance Program (DMAP). Refer to LAC 76:V.111 for specific DMAP rules. Deer management assistance tags must be in the possession of the hunter in order to harvest an antlerless deer. The tag shall be attached through the hock in such a manner that it cannot be removed before the deer is transported (including those taken on either-sex days and those taken with approved archery equipment or primitive firearms). Failure to do so is a violation of R.S. 56:115. Deer harvested on property enrolled in DMAP do not count in the season or daily bag

limit for hunters when legally tagged with DMAP tags. Failing to follow DMAP rules and regulations may result in suspension and cancellation of the program on those lands involved.

9. Farm Raised White-tailed Deer and Exotics on Licensed Supplemented Shooting Preserves

a. Definitions

Exotics—for purposes of this Section means any animal of the family *Bovidae* (except the *Tribe Bovini* [cattle]) or *Cervidae* which is not indigenous to Louisiana and which is confined on a supplemented hunting preserve. *Exotics* shall include, but are not limited to, fallow deer, red deer, elk, sika deer, axis deer, and black buck antelope.

Hunting—in its different tenses and for purposes of this Section means to take or attempt to take, in accordance with R.S. 56:8.

Same as Outside—for purposes of this Section means hunting on a supplemented hunting preserve must conform to applicable statutes and rules governing hunting and deer hunting, as provided for in title 56 of the *Louisiana Revised Statutes* and as established annually by the Wildlife and Fisheries Commission.

Supplemented Hunting Preserve—for purposes of this Section means any enclosure for which a current farm-raising license has been issued by the Department of Agriculture and Forestry (LDAF) with concurrence of the LDWF and is authorized in writing by the LDAF and LDWF to permit hunting.

White-Tailed Deer—for purposes of this Rule means any animal of the species *Odocoileus virginianus* which is confined on a supplemented hunting preserve.

b. Seasons:

i. farm-raised white-tailed deer: consult the regulations pamphlet;

ii. exotics: year round.

c. Methods of take:

i. white-tailed deer: same as outside;

ii. exotics: exotics may be taken with traditional bow, compound bow and crossbow or any bow drawn, held or released by mechanical means; shotguns not larger than 10 gauge, loaded with buckshot or rifled slug; handguns and rifles no smaller than .22 caliber centerfire; or muzzleloading rifles or pistols, .44 caliber minimum, or shotguns 10 gauge or smaller, all of which must load exclusively from the muzzle or cap and ball cylinder, using black powder or an approved substitute only, and using ball or bullet projectile, including sabot bullets only and other approved primitive firearms.

d. Shooting hours:

i. white-tailed deer: same as outside;

ii. exotics: one-half hour before sunrise to one-half hour after sunset.

e. Bag limit:

i. farm-raised white-tailed deer: same as outside;

ii. exotics: no limit.

f. Hunting licenses:

i. white-tailed deer: same as outside;

ii. exotics: no person shall hunt any exotic without possessing a valid basic and big game hunting license.

g. Tagging. White-tailed deer and exotics: each animal shall be tagged in the left ear or left antler

immediately upon being killed and before being moved from the site of the kill with a tag provided by the LDAF. The tag shall remain with the carcass at all times.

10. Bobcat. No person other than the holder of a valid big game license may take or possess bobcat, except licensed trappers who may take or possess bobcat during the open trapping season. A big game licensee shall only take bobcat during the time period from one-half hour before sunrise to one-half hour after sunset with approved archery equipment, shotgun, muzzleloader or centerfire firearm. A big game licensee shall not take more than one bobcat per calendar year. This regulation applies only to property that is privately owned, state WMAs, Kisatchie National Forest, and the Bayou des Ourses, Bodcau, Bonnet Carre, and Indian Bayou tracts owned by the Corps of Engineers, but does not apply to state wildlife refuges, or other federally owned refuges and lands. On state WMAs and Kisatchie National Forest, the take of bobcat is restricted to those open seasons on the WMAs which require the respective legal weapons noted above.

D. Hunting-General Provisions

1. A basic resident or non-resident hunting license is required of all persons to hunt, take, possess or cause to be transported by any other person any wild bird or quadruped. See information below for exceptions.

2. No person born on or after September 1, 1969, shall hunt unless that person has first been issued a certificate of satisfactory completion of a firearm and hunter education course approved by the department, except any active or veteran member of the United States armed services or any POST-certified law enforcement officer. Application for the exemption shall be filed in person at the LDWF main office building in the city of Baton Rouge. A person under sixteen years of age may hunt without such certificate if he/she is accompanied by and is under the direct supervision of a person who was born before September 1, 1969, and has a valid hunting license or who is eighteen years of age or older and has proof of successful completion of a firearm and hunter education course approved by the department.

3. A big game license is required in addition to the basic hunting license to hunt, take, possess or cause to be transported any deer. A separate wild turkey license is required in addition to the basic hunting license and the big game license to hunt, take, possess or cause to be transported any turkey.

4. Taking game quadrupeds or birds from aircraft or participating in the taking of deer with the aid of aircraft or from automobiles or other moving land vehicles is prohibited.

5. Methods of Taking Resident Game Birds and Quadrupeds

a. It is illegal to intentionally feed, deposit, place, distribute, expose, scatter, or cause to be fed, deposited, placed, distributed, exposed, or scattered raw sweet potatoes to wild game quadrupeds.

b. Use of a traditional bow, compound bow and crossbow or any bow drawn, held or released by mechanical means or a shotgun not larger than a 10 gauge fired from the shoulder shall be legal for taking all resident game birds and quadrupeds. Also, the use of a handgun, rifle and falconry (special permit required) shall be legal for taking all game species except turkey. It shall be illegal to hunt or take

squirrels or rabbits at any time with a breech-loaded rifle or handgun larger than .22 caliber, any centerfire firearm, or a muzzleloading firearm larger than .36 caliber. It shall be legal to hunt or take squirrels, rabbits, and outlaw quadrupeds with air rifles.

c. Still hunting is defined as stalking or stationary stand hunting without the use of dog(s). Pursuing, driving or hunting deer with dogs is prohibited when or where a still hunting season or area is designated, and will be strictly enforced. Shotguns larger than 10 gauge or capable of holding more than three shells shall be prohibited. Plugs used in shotguns must be incapable of being removed without disassembly. Refer to game schedules contained within these regulations for specific restrictions on the use of firearms and other devices.

d. No person shall take or kill any game bird or wild quadruped with a firearm fitted with an infrared sight, laser sight, or except as provided in R.S. 56:116(A)(8) any sighting device which projects a beam of light to the target or otherwise electronically illuminates the target, or device specifically designed to enhance vision at night [R.S. 56:116.1(B)(3)].

6. Nuisance Animals. Landowners or their designees may remove beaver and nutria causing damage to their property without a special permit. Water set traps and firearms may be used to remove beaver; nutria may be removed by any means except that nutria cannot be taken by the use of headlight and gun between the hours of sunset and sunrise. With a special permit issued by the LDWF, beavers may be taken between one-half hour after official sunset to one-half hour before official sunrise for a period of three consecutive calendar evenings from the effective date of the permit. Any nuisance beaver or nutria trapped or shot outside open trapping season cannot be pelted or sold. A trapping license is required to sell or pelt nuisance beavers or nutria taken during open trapping season. Squirrels found destroying commercial crops of pecans may be taken year-round by permit issued by the LDWF. This permit shall be valid for 30 days from the date of issuance. Contact the local region office for details.

7. Threatened and endangered species: Louisiana black bear, Louisiana pearl shell (mussel), sea turtles, gopher tortoise, ringed sawback turtle, brown pelican, bald eagle, peregrine falcon, whooping crane, Eskimo curlew, piping plover, interior least tern, ivory-billed woodpecker, red-cockaded woodpecker, Bachman's warbler, West Indian manatee, Florida panther, pallid sturgeon, Gulf sturgeon, Atwater's greater prairie chicken, whales and red wolf. Taking or harassment of any of these species is a violation of state and federal laws.

8. Outlaw Quadrupeds. Holders of a legal hunting license may take coyotes, feral hogs, and armadillos year round during legal daylight shooting hours. The running of coyotes with dogs is prohibited in all turkey hunting areas during the open turkey season. Coyote hunting is restricted to chase only when using dogs during still hunting segments of the firearm and archery only seasons for deer. Foxes are protected quadrupeds and may be taken only with traps by licensed trappers during the trapping season. Remainder of the year "chase only" allowed by licensed hunters.

9. Nighttime Take of Nuisance Animals and Outlaw Quadrupeds. On private property, the landowner, or his

lessee or agent with written permission and the landowner's contact information in his possession, may take outlaw quadrupeds (coyotes, armadillos and feral hogs), nutria, or beaver during the nighttime hours from one-half hour after official sunset on the last day of February to one-half hour after official sunset the last day of August of that same year. Such taking may be with or without the aid of artificial light, infrared or laser sighting devices, or night vision devices. In addition, pursuant to R.S. 56:116(D)(3) any person who is authorized to possess a firearm suppressor may use a firearm fitted with a sound suppressor when taking outlaw quadrupeds, nutria, or beaver. Any person attempting to take outlaw quadrupeds under the provisions of the paragraph, within 24 hours prior to the attempted taking, shall notify the sheriff of the parish in which the property is located and the LDWF Enforcement Division by calling (800) 442-2511 of their intention to attempt to take outlaw quadrupeds under the provision of this Paragraph.

10. Hunting and/or Discharging Firearms on Public Roads. Hunting, standing, loitering or shooting game quadrupeds or game birds while on a public road or public road right-of-way is prohibited. Hunting or the discharge of firearms on roads or highways located on public levees or within 100 feet from the centerline of such levee roads or highways is prohibited. Spot lighting or shining from public roads is prohibited by state law. Hunting from all public roads and public road rights-of-way is prohibited.

11. Tags. Any part of the deer or wild turkey divided shall have affixed thereto the name, date, address and big game license number of the person killing the deer or wild turkey and the sex of that animal. This information shall be legibly written in pen or pencil, on any piece of paper or cardboard or any material, which is attached or secured to or enclosing the part or parts. On lands enrolled in DMAP, deer management assistance tags must be attached and locked through the hock of antlerless deer, (including those taken with approved archery and primitive firearms, and those antlerless deer taken on either-sex days) in a manner that it cannot be removed, before the deer is moved from the site of the kill.

12. Sex Identification. Positive evidence of sex identification, including the head or sex organs, shall remain on any deer taken or killed within the state of Louisiana, or on all turkeys taken or killed so long as such deer or turkey is kept in camp or field, or is in route to the domicile of its possessor, or until such deer or turkey has been stored at the domicile of its possessor or divided at a cold storage facility and has become identifiable as food rather than as wild game.

E. General Deer Hunting Regulations

1. Prior to hunting deer, all deer hunters, regardless of age or license status, must obtain deer tags and have in possession when hunting deer. Immediately upon harvesting a deer, the hunter must tag the deer with the appropriate carcass tag and document the kill on the deer tag license. Within seven days the hunter must validate the kill. Hunters harvesting deer on DMAP lands can validate deer per instructions by LDWF using the DMAP harvest data sheets. Hunters on WMAS can validate deer during mandatory deer check hunts, when deer check stations are in operation. Hunters may validate deer by calling the validation toll free number or using the validation website.

2. 2015-2016 Season. One antlered and one antlerless deer per day (when legal) except on Kisatchie National Forest, Indian Bayou Area owned by the US Army Corps of Engineers, and some federal refuges (check refuge regulations) where the daily limit shall be one deer per day. Season limit is six, not to exceed three antlered deer or four antlerless deer (all segments included) by all methods of take, except antlerless harvest on property enrolled in DMAP does not count in the season or daily bag limit for hunters. Antlerless deer may be harvested during entire deer season on private lands (all seasons included) except as specified in deer hunting schedule. Consult deer hunting schedule in the regulations pamphlet for either-sex days for these parishes and areas. This does not apply to public lands (WMAs, national forest lands, and federal refuges) which will have specified either-sex days.

3. 2016-2017 Season. One antlered and one antlerless deer per day (when legal) except on Kisatchie National Forest, Indian Bayou area owned by the US Army Corps of Engineers, and some federal refuges (check refuge regulations) where the daily limit shall be one deer per day. Season limit is six, not to exceed three antlered deer or four antlerless deer (all segments included) by all methods of take, except antlerless harvest on property enrolled in DMAP does not count in the season or daily bag limit for hunters. Antlerless deer may be harvested during entire deer season on private lands (all seasons included) except as specified in deer hunting schedule. Consult deer hunting schedule in the regulations pamphlet for either-sex days for these parishes and areas. This does not apply to public lands (WMAs, national forest lands, and federal refuges) which will have specified either-sex days.

4. A legal antlered deer is a deer with at least one visible antler of hardened bony material, broken naturally through the skin, except on Alexander State Forest WMA, Bayou Macon WMA, Big Lake WMA, Bodcau WMA, Boeuf WMA, Buckhorn WMA, Dewey Wills WMA, Jackson-Bienville WMA, Loggy Bayou WMA, Ouachita WMA, Pearl River WMA, Pomme de Terre WMA, Red River WMA, Russell Sage WMA, Sicily Island Hills WMA, Spring Bayou WMA, Three Rivers WMA and Union WMA during the experimental quality deer season (See the specific WMA schedule for more information.). A legal antlered deer during the experimental quality deer season shall be defined as a deer with at least four points on one side. To be counted as a point, a projection must be at least one inch long and its length must exceed the length of its base. The beam tip is counted as a point but not measured as a point. Killing antlerless deer is prohibited except where specifically allowed.

5. *Either-sex deer* is defined as male or female deer. Taking or possessing spotted fawns is prohibited.

6. It is illegal to hunt or shoot deer with firearms smaller than .22 caliber centerfire or a shotgun loaded with anything other than buckshot or rifled slug. Handguns may be used for hunting.

7. Taking game quadrupeds or birds from aircraft, participating in the taking of deer with the aid of aircraft or from automobiles or other moving land vehicles is prohibited.

8. Still hunting is defined as stalking or stationary stand hunting without the use of dog(s). Pursuing, driving or

hunting deer with dogs or moving vehicles, including ATVs, when or where a still hunting season or area is designated, is prohibited and will be strictly enforced. The training of deer dogs is prohibited in all still hunting areas during the gun still hunting and archery only season. Deer hunting with dogs is allowed in all other areas having open deer seasons that are not specifically designated as still hunting only. A leashed dog may be used to trail and retrieve wounded or unrecovered deer during legal hunting hours. Any dog used to trail or retrieve wounded or unrecovered deer shall have on a collar with owner's name, address, and phone number. In addition, a dog may be used to trail and retrieve unrecovered deer after legal hunting hours; however, no person accompanying a dog after legal hunting hours may carry a firearm of any sort.

9. It is illegal to take deer while deer are swimming or while the hunter is in a boat with motor attached in operating position; however the restriction in this paragraph shall not apply to any person who has lost one or more limbs.

10. Areas not specifically designated as open are closed.

11. Primitive Firearms Season: Still Hunt Only. Specific WMAs will also be open, check WMA schedule for specific details. Primitive firearms license is required for resident hunters between the ages of 16 and 59 inclusive and non-residents 16 years of age and older. Either-sex deer may be taken in all deer hunting areas except as otherwise specified. It is unlawful to carry a gun, other than a primitive firearm, including those powered by air or other means, while hunting during the special primitive firearms segment. Except, it is lawful to carry a .22 caliber rimfire pistol loaded with #12 shot (ratshot only).

a. Legal Firearms for Primitive Firearms Season

i. Rifles or pistols, .44 caliber minimum, or shotguns 10 gauge or smaller, all of which must load exclusively from the muzzle, use black powder or approved substitute only, take ball, shot, or bullet projectile only, including sabot bullets, and may be fitted with magnified scopes.

ii. Single shot, breech loading rifles or pistols, .35 caliber or larger, having an exposed hammer, that use metallic cartridges loaded either with black powder or modern smokeless powder, and may be fitted with magnified scopes.

iii. Single shot, breech loading shotguns, 10 gauge or smaller, having an exposed hammer, loaded with buckshot or rifled slug.

iv. Youths 17 or younger may hunt deer with any legal weapon during the primitive firearms season in each deer hunting area.

12. Archery Season. Archery license required for resident bow hunters between the ages of 16 and 59 inclusive and non-residents 16 years of age and older. Either-sex deer may be taken in all areas open for deer hunting except when a bucks only season is in progress for gun hunting, and except in areas 6 and 9 from October 1-15. Archers must conform to the bucks only regulations. Either-sex deer may be taken on WMAs at any time during archery season except when bucks only seasons are in progress on the respective WMA. Also, archery season restricted on Atchafalaya Delta, Salvador, Lake Boeuf, and Pointe-aux-Chenes WMAs (see schedule).

a. Bow and Arrow Regulations. Traditional bow, compound bow and crossbow or any bow drawn, held or released by mechanical means will be a legal means of take for all properly licensed hunters. Hunting arrows for deer must have well-sharpened broadhead points. Bow and arrow fishermen must have a sport fishing license and may not carry any arrows with broadhead points unless a big game season is in progress.

i. It is unlawful:

(a). to carry a gun, including those powered by air or other means, while hunting with bow and arrow during the special bow and arrow deer season except it is lawful to carry a .22 caliber rimfire pistol loaded with #12 shot (ratshot) only;

(b). to have in possession or use any poisoned or drugged arrow or arrows with explosive tips;

(c). to hunt deer with a bow having a pull less than 30 pounds;

(d). to hunt with a bow or crossbow fitted with an infrared, laser sight, electrically-operated sight or device specifically designed to enhance vision at night (does not include non-projecting red dot sights) [R.S. 56:116.1.B.(4)].

13. Hunter Orange. Any person hunting any wildlife during the open gun deer hunting season and possessing buckshot, slugs, a primitive firearm, or a centerfire rifle shall display on his head, chest and/or back a total of not less than 400 square inches of "hunter orange". Persons hunting on privately owned land may wear a hunter orange cap or hat in lieu of the 400 square inches. These provisions shall not apply to persons hunting deer from elevated stands on property that is privately owned or to archery deer hunters hunting on lands where firearm hunting is not allowed by agreement of the landowner or lessee. However, anyone hunting deer on such lands where hunting with firearms is allowed shall be required to display the 400 square inches or a hunter orange cap or hat while walking to and from elevated stands. While a person is hunting from an elevated stand, the 400 square inches or cap or hat may be concealed. Warning: deer hunters are cautioned to watch for persons hunting other game or engaged in activities not requiring "hunter orange".

14. Physically Challenged Season on Private Lands (Either-Sex): first Saturday of October for two days. Restricted to individuals with physically challenged hunter permit.

15. Youth and Honorably Discharged Veterans Season on Private Lands (Either-Sex). Areas 1, 4, 5, 6 and 9: last Saturday of October for seven days; area 2: second Saturday of October for seven days; and areas 3, 7, 8 and 10: fourth Saturday of September for seven days. Youths 17 or younger only. Youths must be accompanied by an adult 18 years of age or older. Youths must possess a hunter safety certification or proof of successful completion of a hunter safety course. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for the youth. Adults may not possess a firearm. Youths may possess only one firearm while hunting. Legal firearms are the same as described for deer hunting. The supervising adult shall maintain visual and

voice contact with the youth at all times. Except properly licensed youths 16-17 years old and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. One of the following must be carried by veterans while hunting:

a. Louisiana OMV issued U.S. Veterans Driver's License; or

b. U.S. Department of Defense Form 214 or one of the following DD_214 equivalents:

i. pre DD 214 era documents (1941_1950):

(a). WE AGO (war department adjutant general) forms, to include WD AGO 53, WD AGO 55, WD AGO 53_55;

(b). JAVPERS (naval personnel) discharge documents, to include NAVPERS 553, NAVMC78PD, NAVCG 553;

ii. National Personnel Records Center NPRC "statement of service," issued as a result of a destroyed discharge record during the 1973 National Archives fire;

iii. National Guard/Air National Guard must have NGB_22 with 6 or more years of service.

F. Description of Areas, 2015-2017

1. Area 1

a. All of the following parishes are open: Concordia, East Carroll, Franklin, Madison, Richland, Tensas.

b. Portions of the following parishes are also open:

i. Catahoula—east of Boeuf River to Ouachita River, east of Ouachita River from its confluence with Boeuf River to LA 8, south and east of LA 8 southwesterly to parish line;

ii. Grant—east of US 165 and south of LA 8;

iii. LaSalle—south of a line beginning where Little River enters Catahoula Lake following the center of the lake eastward to Old River then to US 84, east of US 84 northward to LA 8, south of LA 8 eastward to parish line;

iv. Ouachita—south of US 80 and east of Ouachita River, east of LA 139 from Sicard to junction of LA 134, south of LA 134 to Morehouse line at Wham Bake;

v. Rapides—east of US 165 and north of Red River.

c. Still hunting only in all or portions of the following parishes:

i. Catahoula—south of Deer Creek to Boeuf River, east of Boeuf and Ouachita Rivers to LA 8 at Harrisonburg, west of LA 8 to LA 913, west of LA 913 and LA 15 to Deer Creek;

ii. East Carroll—all;

iii. Franklin—all;

iv. Morehouse—east of US 165 (from Arkansas state line) to Bonita, south and east of LA 140 to junction of LA 830-4 (Cooper Lake Road), east of LA 830-4 to Bastrop, east of LA 139 at Bastrop to junction of LA 593, east and north of LA 593 to Collinston, east of LA 138 to junction of LA 134 and south of LA 134 to Ouachita line at Wham Brake;

v. Ouachita—south of US 80 and east of Ouachita River, east of LA 139 from Sicard to junction of LA 134, south of LA 134 to Morehouse line at Wham Bake;

- vi. Richland—all.
- 2. Area 2
 - a. All of the following parishes are open:
 - i. Bienville, Bossier, Caddo, Caldwell, Claiborne, DeSoto, Jackson, Lincoln, Natchitoches, Red River, Sabine, Union, Webster, Winn;
 - ii. except: Kisatchie National Forest which has special regulations. Caney, Corney, Middlefork tracts of Kisatchie have the same regulations as area 2, except still hunting only for deer.
 - b. Portions of the following parishes are also open:
 - i. Allen—north of US 190 from parish line westward to Kinder, east of US 165 from Kinder northward to LA 10 at Oakdale, north of LA 10 from Oakdale westward to the parish line;
 - ii. Avoyelles—that portion west of I-49;
 - iii. Catahoula—west of Boeuf River to Ouachita River, west of Ouachita River from its confluence with Boeuf River to LA 8, north and west of LA 8 southwesterly to parish line;
 - iv. Evangeline—all except the following portions: east of I-49 to junction of LA 29, east of LA 29 south of I-49 to Ville Platte, and north of US 167 east of Ville Platte;
 - v. Grant—all except that portion south of LA 8 and east of US 165;
 - vi. Jefferson Davis—north of US 190;
 - vii. LaSalle—north of a line beginning where Little River enters Catahoula Lake, following the center of the lake eastward to Old River then to US 84, west of US 84 northward to LA 8, north of LA 8 eastward to parish line;
 - viii. Morehouse—west of US 165 (from Arkansas state line) to Bonita, north and west of LA 140 to junction of LA 830-4 (Cooper Lake Road), west of LA 830-4 to Bastrop, west of LA 139 to junction of LA 593, west and south of LA 593 to Collinston, west of LA 138 to junction of LA 134 and north of LA 134 to Ouachita Parish line at Wham Brake;
 - ix. Ouachita—all except south of US 80 and east of Ouachita River, east of LA 139 from Sicard to junction of LA 134, south of LA 134 to Morehouse Parish line at Wham Brake;
 - x. Rapides—all except north of Red River and east of US 165, south of LA 465 to junction of LA 121, west of LA 121 and LA 112 to Union Hill, and north of LA 113 from Union Hill to Vernon Parish line, and that portion south of Alexandria between Red River and US 167 to junction of US 167 with I-49 at Turkey Creek exit, east of I-49 southward to parish line;
 - xi. Vernon—north of LA 10 from the parish line westward to LA 113, south of LA 113 eastward to parish line. Also the portion north of LA 465 west of LA 117 from Kurthwood to Leesville and north of LA 8 from Leesville to Texas state line.
 - c. Still hunting only in all or portions of the following parishes:
 - i. Claiborne and Webster—Caney, Corney and Middlefork tracts of Kisatchie National Forest (see Kisatchie National Forest regulations);
 - ii. Ouachita—east of Ouachita River;
 - iii. Rapides—west of US 167 from Alexandria southward to I-49 at Turkey Creek exit, west of I-49

southward to parish line, north of parish line westward to US 165, east of US 165 northward to US 167 at Alexandria. North of LA 465 from Vernon Parish line to LA 121, west of LA 121 to I-49, west of I-49 to LA 8, south and east of LA 8 to LA 118 (Mora Road), south and west of LA 118 to Natchitoches Parish line;

iv. Vernon—east of Mora-Hutton Road from Natchitoches Parish line to Hillman Loop Road, south and east of Hillman Loop Road to Comrade Road, south of Comrade Road to LA 465, east and north of LA 465 to Rapides Parish line.

3. Area 3

- a. Portions of the following parishes are open:
 - i. Acadia—north of I-10;
 - ii. Allen—south of US 190 and west of LA 113;
 - iii. Beauregard—west of LA 113 and east of LA 27 from the parish line northward to DeRidder and north of US 190 westward from DeRidder to Texas state line;
 - iv. Calcasieu—east of LA 27 from Sulphur northward to the parish line, and north of I-10;
 - v. Jefferson Davis—north of I-10 and south of US 190;
 - vi. Lafayette—west of I-49 and north of I-10;
 - vii. Rapides—south of LA 465 to junction of LA 121, west of LA 121 and LA 112 to Union Hill and north of LA 113 from Union Hill to Vernon Parish line;
 - viii. St. Landry—west of US 167;
 - ix. Vernon—west and north of LA 113, south of LA 465, east of LA 117 from Kurthwood to Leesville, and south of LA 8 from Leesville to Texas state line.

4. Area 4

- a. All of St. Helena and Washington Parishes are open.
- b. Portions of the following parishes are also open:
 - i. East Baton Rouge—all except that portion north of I-110 and west of US 61;
 - ii. East Feliciana—east of US 61;
 - iii. West Feliciana—east of US 61;
 - iv. Livingston—north of I-12;
 - v. Tangipahoa—north of I-12;
 - vi. St. Tammany—all except that portion south of I-12, west of LA 1077 to LA 22, south of LA 22 to Tchefuncte River, west of Tchefuncte River southward to Lake Pontchartrain.
- c. Still hunting only in all or portions of the following parishes:
 - i. East Feliciana and East Baton Rouge—east of Thompson Creek from the Mississippi state line to LA 10, north of LA 10 from Thompson Creek to LA 67 at Clinton, west of LA 67 from Clinton to Mississippi state line, south of Mississippi state line from LA 67 to Thompson Creek. Also that portion of East Baton Rouge Parish east of LA 67 from LA 64 north to Parish Line, south of Parish Line from LA 64 eastward to Amite River, west of Amite River southward to LA 64, north of LA 64 to LA 37 at Magnolia, east of LA 37 northward to LA 64 at Indian Mound, north of LA 64 from Indian Mound to LA 67. Also, that portion of East Feliciana Parish east of LA 67 from parish line north to LA 959, south of LA 959 east to LA 63, west of LA 63 to Amite River, west of Amite River southward to parish line, north of parish line westward to LA 67;

ii. St. Helena—north of LA 16 from Tickfaw River at Montpelier westward to LA 449, east and south of LA 449 from LA 16 at Pine Grove northward to Rohner Road, south of Rohner Road to LA 1045, south of LA 1045 to the Tickfaw River, west of the Tickfaw River from LA 1045 southward to LA 16 at Montpelier;

iii. Tangipahoa—that portion of Tangipahoa Parish north of LA 10 from the Tchefuncte River to LA 1061 at Wilmer, east of LA 1061 to LA 440 at Bolivar, south of LA 440 to the Tchefuncte River, west of the Tchefuncte River from LA 440 southward to LA 10;

iv. Washington and St. Tammany—east of LA 21 from the Mississippi state line southward to the Bogue Chitto River, north of the Bogue Chitto River from LA 21 eastward to the Pearl River Navigation Canal, east of the Pearl River Navigation Canal southward to the West Pearl River, north of the West Pearl River from the Pearl River Navigation Canal to Holmes Bayou, west of Holmes Bayou from the West Pearl River northward to the Pearl River, west of the Pearl River from Holmes Bayou northward to the Mississippi state line, south of the Mississippi state line from the Pearl River westward to LA 21. Also, that portion of Washington Parish west of LA 25 from the Mississippi state line southward to the Bogue Chitto River, then west of the Bogue Chitto River to its junction with the St. Tammany Parish line, north of the St. Tammany Parish line to the Tangipahoa Parish line, east of the Tangipahoa Parish line to the Mississippi state line, south of the Mississippi state line to its junction with LA 25;

v. West Feliciana—west of Thompson Creek to Illinois-Central Railroad, north of Illinois-Central Railroad to Parish Road #7, east of Parish Road #7 to the junction of US 61 and LA 966, east of LA 966 from US 61 to Chaney Creek, south of Chaney Creek to Thompson Creek.

5. Area 5

a. All of West Carroll Parish is open.

6. Area 6

a. All of Point Coupee Parish is open.

b. Portions of the following parishes are also open:

i. Avoyelles—all except that portion west of I-49;

ii. Evangeline—that portion east of I-49 to junction of LA 29, east of LA 29 south of I-49 to Ville Platte and north of US 167 east of Ville Platte;

iii. Iberville—all north of I-10, and that portion south of I-10 at the Atchafalaya Basin protection levee south to Upper Grand River, then north of Upper Grand River to the Intracoastal Canal at Jack Miller, then west of the Intracoastal Canal northward to Bayou Plaquemine, then north of Bayou Plaquemine to the Mississippi River;

iv. Lafayette—north of I-10 and east of I-49;

v. Rapides—south of Alexandria between Red River and US 167 to the junction of US 167 with I-49 at Turkey Creek Exit, east of I-49 southward to parish line;

vi. St. Landry—east of US 167;

vii. St. Martin—north of I-10;

viii. East Baton Rouge—north of I-110 and west of US 61;

ix. West Feliciana—west of US 61;

x. East Feliciana—west of US 61;

xi. West Baton Rouge—north I-10.

c. Still hunting only in all or portions of the following parishes:

i. Avoyelles—north of LA 1 from Simmesport westward to LA 115 at Marksville, east of LA 115 from Marksville northward to the Red River near Moncla, south and west of the Red River to LA 1 at Simmesport;

ii. Rapides—south of Alexandria between Red River and US 167 to the junction of US 167 with I-49 at Turkey Creek Exit, east of I-49 southward to parish line;

iii. West Feliciana—west of Thompson Creek to Illinois-Central Railroad, north of Illinois-Central Railroad to Parish Road #7, east of Parish Road #7 to the junction of US 61 and LA 966, east of LA 966 from US 61 to Chaney Creek, south of Chaney Creek to Thompson Creek.

7. Area 7

a. Portions of the following parishes are open:

i. Iberia—south of LA 14 and west of US 90;

ii. St. Mary—all except that portion north of US 90 from Iberia Parish line eastward to Wax Lake Outlet, east of Wax Lake Outlet southward to Intracoastal Waterway, north of Intracoastal Waterway eastward to the Atchafalaya River, east of the Atchafalaya River.

8. Area 8

a. Portions of the following parishes are open:

i. Allen—that portion east of LA 113 from the parish line to US 190, north of US 190 eastward to Kinder, west of US 165 northward to LA 10 at Oakdale and south of LA 10 from Oakdale westward to parish line;

ii. Beauregard—that portion east of LA 113. Also that portion west of LA 27 from parish line northward to DeRidder, south of US 190 from DeRidder to Texas state line;

iii. Calcasieu—that portion west of LA 27 from the parish line southward to Sulphur and north of I-10 from Sulphur to the Texas state line;

iv. Vernon—that portion west of LA 113 from the parish line northward to Pitkin and south of LA 10 from Pitkin southward to the parish line.

9. Area 9

a. All of the following parishes are open: Ascension, Assumption, Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John, Terrebonne.

b. Portions of the following parishes are open:

i. Iberia—east of US 90;

ii. Iberville—south of I-10, and west of the Atchafalaya Basin Protection levee, to Upper Grand River, then South of Upper Grand River to the Intracoastal Canal at Jack Miller, then east of the Intracoastal Canal to Bayou Plaquemines, then south of Bayou Plaquemines to the Mississippi River;

iii. Lafayette—south of I-10 and east of US 90;

iv. Livingston—south of I-12;

v. St. Martin—south of I-10;

vi. St. Mary—north of US 90 from Iberia Parish line eastward to Wax Lake Outlet, east of Wax Lake Outlet southward to Intracoastal Waterway, north of Intracoastal Waterway eastward to the Atchafalaya River, east of the Atchafalaya River;

vii. St. Tammany—that portion south of I-12, west of LA 1077 to LA 22, south of LA 22 to Tchefuncte River, west of Tchefuncte River southward to Lake Pontchartrain;

viii. Tangipahoa—south of I-12;

ix. high water benchmark closure. Deer hunting in those portions of Iberia, Iberville, St. Martin, and St. Mary parishes south of I-10, west of the East Guide Levee, east of the West Guide Levee, and north of US 90 will be closed when the river stage of the Atchafalaya River reaches 18 feet at Butte LaRose.

c. Still hunting only in all or portions of the following parishes:

i. Iberville—east of the Mississippi River;

ii. Plaquemines—east of the Mississippi River;

iii. St. Bernard—all of the parish shall be still hunting only except that portion of St. Bernard known as the spoil area between the MRGO on the east and Access Canal on the west, south of Bayou Bienvenue and north of Bayou la Loutre;

iv. St. John—south of Pass Manchac from Lake Pontchartrain to US 51, east of US 51 from Pass Manchac to LA 638 (Frenier Beach Road). North of LA 638 from US 51 to Lake Pontchartrain, west of Lake Pontchartrain from LA 638 to Pass Manchac.

10. Area 10

a. All of Cameron and Vermillion Parishes are open.

b. Portions of the following parishes are open:

i. Acadia—south of I-10;

ii. Calcasieu—south of I-10;

iii. Iberia—west of US 90 and north of LA 14;

iv. Jefferson Davis—south of I-10;

v. Lafayette—south of I-10 and west of Hwy 90.

G. WMA Regulations

1. General

a. The following rules and regulations concerning the management, protection and harvest of wildlife have been officially approved and adopted by the Wildlife and Fisheries Commission in accordance with the authority provided in *Louisiana Revised Statutes* of 1950, section 109 of title 56. Failure to comply with these regulations will subject individual to citation and/or expulsion from the management area.

b. Citizens are cautioned that by entering a WMA managed by the LDWF they may be subjecting themselves and/or their vehicles to game and/or license checks, inspections and searches.

c. WMA seasons may be altered or closed anytime by the LDWF secretary in emergency situations (floods, fire or other critical circumstances).

d. Hunters may enter the WMA no earlier than 4 a.m. unless otherwise specified. Hunters must check out and exit the WMA no later than two hours after sunset, or as otherwise specified.

e. Lands within WMA boundaries will have the same seasons and regulations pertaining to baiting and use of dogs as the WMA within which the lands are enclosed; however, with respect to private lands enclosed within a WMA, the owner or lessee may elect to hunt according to the regular season dates and hunting regulations applicable to the geographic area in which the lands are located,

provided that the lands are first enrolled in DMAP. Interested parties should contact the nearest LDWF region office for additional information.

f. Dumping garbage or trash on WMAs is prohibited. Garbage and trash may be properly disposed of in designated locations if provided.

g. Disorderly conduct or hunting under influence of alcoholic beverages, chemicals and other similar substances is prohibited.

h. Damage to or removal of trees, shrubs, hard mast (including but not limited to acorns and pecans), wild plants, non-game wildlife (including reptiles and amphibians) or any species of butterflies, skippers or moths is prohibited without a permit from the LDWF. Gathering and/or removal of soft fruits, mushrooms and berries shall be limited to five gallons per person per day.

i. Burning of marshes is prohibited. Hunting actively burning marsh is prohibited.

j. Nature Trails. Trails shall be limited to pedestrians only. No vehicles, ATVs, horses, mules, bicycles, etc. allowed. Removal of vegetation (standing or down) or other natural material prohibited.

k. Deer seasons are for legal buck deer unless otherwise specified.

l. Small game, when listed under the WMA regulations may include both resident game animals and game birds as well as migratory species of birds.

m. Oysters may not be harvested from any WMA, except that oysters may be harvested from private oyster leases and state seed grounds located within a WMA, when authorized by the Wildlife and Fisheries Commission and upon approval by the Department of Health and Hospitals.

n. Free ranging livestock prohibited.

2. Permits

a. A WMA hunting permit is required for persons ages 18 through 59 to hunt on WMAs.

b. Self-Clearing Permits. A self-clearing permit is required for all activities (hunting, fishing, hiking, bird watching, sightseeing, etc.) on WMAs unless otherwise specified. The self-clearing permit will consist of two portions: check in, check out. On WMAs where self-clearing permits are required, all persons must obtain a WMA self-clearing permit from an information station. The check in portion must be completed and put in a permit box before each day's activity on the day of the activity (except if hunting from a private camp adjacent to the WMA being hunted or if camping on the WMA, users need only to check in once during any 72 hour period). Users may check-in one day in advance of use. The check-out portion must be carried by each person while on the WMA and must be completed and put in a permit box immediately upon exiting the WMA or within 72 hours after checking in if hunting from a private camp adjacent to the WMA being hunted or if camping on the WMA. No permit is required of fishers and boaters who do not travel on a WMA road and/or launch on the WMA as long as they do not get out of the boat and onto the WMA. When mandatory deer checks are specified on WMAs, hunters must check deer at a check station. (Self-clearing permits are not required for persons only traveling through the WMA provided that the most direct route is taken and no activities or stops take place.)

c. Persons using WMAs or other LDWF administered lands for any purpose must possess one of the following: a valid wild Louisiana stamp, a valid Louisiana fishing license, or a valid Louisiana hunting license. Persons younger than 16 or older than 60 years of age are exempt from this requirement. Also a self-clearing WMA permit, detailed above, may be required (available at most entrances to each WMA). Check individual WMA listings for exceptions.

3. Special Seasons

a. Youth Deer Hunt. Youths 17 or younger only. Youths must be accompanied by an adult 18 years of age or older. Youths must possess a hunter safety certification or proof of successful completion of a hunter safety course. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for the youth. Adults may not possess a firearm. Youths may possess only one firearm while hunting. Legal firearms are the same as described for deer hunting. The supervising adult shall maintain visual and voice contact with the youth at all times, except properly licensed youths and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. Contact the appropriate region office for maps of specific hunting areas. Either-sex deer may be taken on WMAs with youth hunts. Consult the regulations pamphlet for WMAs offering youth hunts.

NOTE: Some hunts may be by pre-application lottery.

b. Youth Squirrel Hunt (on selected WMAs only). Only youths 17 or younger may hunt. Squirrel, rabbit, raccoon, hogs and opossum may be taken. No dogs allowed. All other seasons will remain open to other hunters. Youths must possess a hunter safety certification or proof of successful completion of a hunter safety course. Youths must be accompanied by one adult 18 years of age or older. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for the youth. Adults may not possess a firearm. Youths may possess only one firearm while hunting. The supervising adult shall maintain visual and voice contact with the youth at all times, except properly licensed youths and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. Self-clearing permits are required. Consult the regulations pamphlet for WMAs offering youth squirrel hunts.

c. Youth Mourning Dove Hunt. A youth mourning dove hunt will be conducted on specific WMAs and will follow the same regulations provided for youth deer hunts on the first or second weekend of the mourning dove season (Saturday and/or Sunday only). Consult the regulations pamphlet for WMAs offering youth mourning dove hunts.

d. Physically Challenged Season. An either-sex deer season will be held for hunters possessing a physically challenged hunter permit on WMAs during the dates specified under the individual WMA. Participants must possess a physically challenged hunter permit. Contact region office for permit application and map of specific hunting area. Consult the regulations pamphlet for WMAs offering physically challenged seasons.

e. Turkey Lottery Hunts. Hunts restricted to those persons selected by lottery. Consult the regulations pamphlet for deadlines. All turkeys must be reported at self-clearing station. Contact region offices for more details. Consult separate turkey hunting regulations pamphlet for more details.

f. Waterfowl Lottery Hunts. Hunts restricted to those persons selected by lottery. Consult the regulations pamphlet for deadline. Consult regulations pamphlet for individual WMA schedules or contact any Wildlife Division office for more details.

g. Mourning Dove Lottery Hunts. Consult regulations pamphlet for individual WMA schedules or contact any Wildlife Division office for more details.

h. Trapping. Consult annual trapping regulations for specific dates. All traps must be run daily. Traps with teeth are illegal. Hunter orange required when a deer gun season is in progress.

i. Raccoon Hunting. A licensed hunter may take raccoon or opossum, one per person per day, during daylight hours only, during the open rabbit season on WMAs.

Nighttime Experimental—all nighttime raccoon hunting where allowed is with dogs only. There is no bag limit. Self-clearing permit required.

j. Sport Fishing. Sport fishing, crawfishing and frogging are allowed on WMAs when in compliance with current laws and regulations except as otherwise specified under individual WMA listings.

k. Small Game Emphasis Areas. Specially designated areas on certain WMAs will allow small game hunting with dogs, confined to that specific area when the remainder of the WMA is restricted to still hunt only. Additionally, off season training of rabbit and bird dogs may be allowed on some of the small game emphasis areas. Small game emphasis areas are offered on Big Colewa Bayou, Bayou Macon, Bayou Pierre, Boeuf, Dewey W. Wills, Marsh Bayou, Ouachita, Richard K. Yancey, Sandy Hollow, Sherburne, and Walnut Hill WMAs.

4. Firearms

a. Firearms having live ammunition in the chamber, magazine, cylinder or clip when attached to firearms and crossbows cocked in the ready position are not allowed in or on vehicles, boats under power, motorcycles, ATVs, UTVs, ATCs or in camping areas on WMAs. Firearms may not be carried on any area before or after permitted hours except in authorized camping areas and except as may be permitted for authorized trappers.

b. Firearms and bows and arrows are not allowed on WMAs during closed seasons except on designated shooting ranges or as permitted for trapping and except as allowed pursuant to R.S. 56:109(C) and R.S. 56:1691. Bows and broadhead arrows are not allowed on WMAs except during deer archery season, turkey season or as permitted for bowfishing. Active and retired law enforcement officers in compliance with POST requirements, federal law enforcement officers and holders of Louisiana concealed handgun permits or permit holders from a reciprocal state who are in compliance with all other state and federal firearms regulations may possess firearms on WMAs provided these firearms are not used for any hunting purpose.

c. Encased or broken down firearms and any game harvested may be transported through the areas by the most direct route provided that no other route exists except as specified under WMA listing.

d. Loaded firearms are not allowed near WMA check stations.

e. Centerfire rifles and handguns larger than .22 caliber rimfire, shotgun slugs or shot larger than BB lead or F steel shot cannot be carried onto any WMA except during modern and primitive firearm deer seasons and during special shotgun season for feral hogs on Atchafalaya Delta, Pass-a-Loutre, Pointe-aux-Chenes and Salvador WMAs (consult regulations pamphlet for specific WMA regulations).

f. Target shooting and other forms of practice shooting are prohibited on WMAs except as otherwise specified.

g. Discharging of firearms on or across, or hunting from designated roads, ATV/UTV trails, nature trails, hiking trails, and their rights-of-way is prohibited during the modern firearms and primitive firearms deer seasons.

5. Methods of Taking Game

a. Moving deer or hogs on a WMA with organized drives and standers, drivers or making use of noises or noise-making devices is prohibited.

b. On WMAs the daily limit shall be one antlered deer and one antlerless deer (when legal) per day, not to exceed three antlered deer or four antlerless deer per season (all segments included) by all methods of take.

c. Baiting, hunting over bait, or possession of bait is prohibited on all WMAs, EXCEPT bait may be kept in a vehicle traversing a WMA road or parked on a WMA road. Bait is defined as any substance used to attract game via ingestion.

d. During mandatory deer check hunts, deer may not be skinned nor have any external body parts removed including but not limited to feet, legs, tail, head or ears before being checked out.

e. Deer hunting on WMAs is restricted to still hunting only.

f. Construction of and/or hunting from permanent tree stands or permanent blinds on WMAs is prohibited. Any permanent stand or permanent blind will be removed and destroyed. A permanent blind is any blind using non-natural materials or having a frame which is not dismantled within two hours after the end of legal shooting time each day. Blinds with frames of wood, plastic, metal poles, wire, mesh, webbing or other materials may be used but must be removed from the WMA within two hours after the end of legal shooting time each day. Blinds made solely of natural vegetation and not held together by nails or other metallic fasteners may be left in place but cannot be used to reserve hunting locations. Natural vegetation (including any material used as corner posts) is defined as natural branches that are 2 inches or less in diameter. All decoys must be removed from the WMA daily. Permanent tree stands are any stands that use nails, screws, spikes, etc., to attach to trees and are strictly prohibited. Deer stands may not be left on WMAs unless the stands are removed from trees, placed flat on the ground, and left in a non-hunting position (a non-hunting position is one in which a hunter could not hunt from the

stand in its present position). Also, all stands left must be legibly tagged with the user's name, address, phone number and LDWF i.d. number. No stand may be left on any WMA prior to the day before deer season opens on that WMA and all stands must be removed from the WMA within one day after the close of deer hunting on that WMA. Free standing blinds must be disassembled when not in use. Stands left will not reserve hunting sites for the owner or user. All portable stands, blinds, tripods, etc., found unattended in a hunting position, not placed flat on the ground, or untagged will be confiscated and disposed of by the LDWF. LDWF is not responsible for unattended stands left on an area.

g. Physically Challenged Wheelchair Confined Deer and Waterfowl Hunting Areas: special deer and waterfowl hunting areas, blinds and stands identified with LDWF logos, have been established for physically challenged hunter permit (PCHP) wheelchair confined hunters on WMAs. Hunters must obtain a PCHP permit and are required to make reservations to use blinds and stands. PCHP wheelchair hunting areas are available on Alexander State Forest, Big Colewa Bayou, Buckhorn, Clear Creek, Elbow Slough, Floy McElroy, Jackson-Bienville, Ouachita, Sandy Hollow, and Sherburne WMAs. Check WMA hunting schedules or call the LDWF field offices in Pineville, Lake Charles, Opelousas, Minden, Monroe or Hammond for information.

h. Hunting from utility poles and structures, and oil and gas exploration facilities or platforms is prohibited.

i. It is illegal to save or reserve hunting locations using permanent stands or blinds. Stands or blinds attached to trees with screws, nails, spikes, etc. are illegal.

j. Tree climbing spurs, spikes or screw-in steps are prohibited.

k. Unattended decoys will be confiscated and forfeited to the LDWF and disposed of by the LDWF. This action is necessary to prevent preemption of hunting space.

l. Spot lighting (shining) from vehicles is prohibited on all WMAs.

m. Horses and mules may be ridden on WMAs except where prohibited and except during gun seasons for deer and turkey. Riding is restricted to designated roads and trails depicted on WMA map, self-clearing permit is required. Organized trail rides prohibited except allowed by permit only on Camp Beauregard. Hunting and trapping from horses and mules is prohibited except for quail hunting or as otherwise specified. Horse-drawn conveyances are prohibited.

n. All hunters (including archers and small game hunters) except waterfowl hunters and mourning dove hunters on WMAs must display 400 square inches of "hunter orange" and wear a "hunter orange" cap during open gun season for deer. Quail and woodcock hunters and hunters participating in special dog seasons for rabbit, squirrel and feral hogs are required to wear a minimum of a "hunter orange" cap. All other hunters and archers (while on the ground) except waterfowl hunters also must wear a minimum of a "hunter orange" cap during special dog seasons for rabbit and squirrel and feral hogs. Also all persons afield during hunting seasons are encouraged to display "hunter orange". Hunters participating in special shotgun season for feral hogs on Atchafalaya Delta, Pass-a-Loutre, Pointe-aux-Chenes and Salvador WMAs must

display 400 square inches of hunter orange and wear a "hunter orange" cap.

o. Deer hunters hunting from concealed ground blinds must display a minimum of 400 square inches of "hunter orange" above or around their blinds which is visible from 360 degrees.

p. Archery Season for Deer. The archery season on WMAs is the same as outside and is open for either-sex deer except as otherwise specified on individual WMAs. Archery season restricted on Atchafalaya Delta and closed on certain WMAs when special seasons for youth or physically challenged hunts are in progress. Consult regulations pamphlet for specific seasons.

q. Either-sex deer may be taken on WMAs at any time during archery season except when bucks only seasons are in progress on the respective WMAs. Archers must abide by bucks only regulations and other restrictions when such seasons are in progress.

r. Primitive Firearms Season for Deer. Either-sex unless otherwise specified. See WMA deer schedule. Except youths 17 or younger may use any legal weapon during the primitive firearm season.

6. Camping

a. Camping on WMAs, including trailers, houseboats, recreational vehicles and tents, is allowed only in designated areas and for a period not to exceed 16 consecutive days, regardless if the camp is attended or unattended. At the end of the 16-day period, camps must be removed from the area for at least 48 hours. Camping area use limited exclusively to outdoor recreational activities.

b. Houseboats are prohibited from overnight mooring within WMAs except on stream banks adjacent to LDWF-owned designated camping areas. Overnight mooring of vessels that provide lodging for hire are prohibited on WMAs. Houseboats shall not impede navigation. On Atchafalaya Delta WMA houseboats may be moored by permit only in designated areas during hunting season. Permits are available by lottery annually or by three year lease through a bid program.

c. Discharge of human waste onto lands or waters of any WMA is strictly prohibited by state and federal law. In the event public restroom facilities are not available at a WMA, the following is required. Anyone camping on a WMA in a camper, trailer, or other unit (other than a houseboat or tent) shall have and shall utilize an operational disposal system attached to the unit. Tent campers shall have and shall utilize portable waste disposal units and shall remove all human waste from the WMA upon leaving. Houseboats moored on a WMA shall have a permit or letter of certification from the Health Unit (Department of Health and Hospitals) of the parish within which the WMA occurs verifying that it has an approved sewerage disposal system on board. Further, that system shall be utilized by occupants of the houseboats when on the WMA.

d. No refuse or garbage may be dumped from these boats.

e. Firearms may not be kept loaded or discharged in a camping area unless otherwise specified.

f. Campsites must be cleaned by occupants prior to leaving and all refuse placed in designated locations when provided or carried off by campers.

g. Trash must be contained at all times while camping.

h. Burning of trash is prohibited.

i. Glass containers prohibited on campgrounds.

j. Non-compliance with camping regulations will subject occupant to immediate expulsion and/or citation, including restitution for damages.

k. Swimming is prohibited within 100 yards of boat launching ramps.

7. Restricted Areas

a. For your safety, all oil and gas production facilities (wells, pumping stations and storage facilities) are off limits.

b. No unauthorized entry or unauthorized hunting in restricted areas, refuges, or limited use areas unless otherwise specified.

8. Dogs. All use of dogs on WMAs, except for bird hunting and duck hunting, is experimental as required by law. Having or using dogs on any WMA is prohibited except for nighttime experimental raccoon hunting, squirrel hunting, rabbit hunting, bird hunting, duck hunting, hog hunting and bird dog training when allowed; see individual WMA season listings for WMAs that allow dogs. Dogs running at large are prohibited on WMAs. The owner or handler of said dogs shall be liable. Only recognizable breeds of bird dogs and retrievers are allowed for quail and migratory bird hunting. Only beagle hounds which do not exceed 15 inches at the front shoulders and which have recognizable characteristics of the breed may be used on WMAs having experimental rabbit seasons. A leashed dog may be used to trail and retrieve wounded or unrecovered deer during legal hunting hours. Any dog used to trail or retrieve wounded or unrecovered deer shall have on a collar with owner's name, address and phone number. In addition, a dog may be used to trail and retrieve unrecovered deer after legal hunting hours; however, no person accompanying a dog after legal hunting hours may carry a firearm of any sort.

9. Vehicles

a. An all-terrain vehicle is an off-road vehicle (not legal for highway use) with factory specifications not to exceed the following: weight-750 pounds, length-85", and width-48". ATV tires are restricted to those no larger than 26 x 12 with a maximum 1" lug height and a maximum allowable tire pressure of 12 psi. as indicated on the tire by the manufacturer. Use of all other ATVs or ATV tires are prohibited on a WMA.

b. *Utility Type Vehicle (UTV, also Utility Terrain Vehicle)*—any recreational motor vehicle other than an ATV, not legal for highway use, designed for and capable of travel over designated unpaved roads, traveling on four or more low-pressure tires, with factory specifications not to exceed the following: weight-1900 pounds, length-128" and width-68". UTV tires are restricted to those no larger than 26 x 12 with a maximum 1" lug height and a maximum allowable tire pressure of 12 psi. UTV's are commonly referred to as side by sides and may include golf carts.

c. Vehicles having wheels with a wheel-tire combination radius of 17 inches or more measured from the center of the hub and horizontal to ground are prohibited.

d. The testing, racing, speeding or unusual maneuvering of any type of vehicle is prohibited within

WMAs due to property damages resulting in high maintenance costs, disturbance of wildlife and destruction of forest reproduction.

e. Tractor or implement tires with farm tread designs R1, R2 and R4 known commonly as spade or lug grip types are prohibited on all vehicles.

f. Airboats, aircraft, personal water craft, "mud crawling vessels" (commonly referred to as crawfish combines which use paddle wheels for locomotion) and hover craft are prohibited on all WMAs and refuges. Personal water craft are defined as a vessel which uses an inboard motor powering a water jet pump as its primary source of propulsion and is designed to be operated by a person sitting, standing or kneeling on the vessel rather than in the conventional manner of sitting or standing inside the vessel. Personal water craft allowed on designated areas of Alexander State Forest WMA. Except, type A personal water craft, model year 2003 and beyond, which are eight feet in length and greater, may be operated in the areas of Catahoula Lake, Manchac WMA, Maurepas Swamp WMA, Pearl River WMA and Pointe-aux-Chenes WMA from April 1 until the Monday of Labor Day weekend, from sunrise to sunset only. No person shall operate such water craft at a speed greater than slow/no wake within 100 feet of an anchored or moored vessel, shoreline, dock, pier, persons engaged in angling or any other manually powered vessel.

g. Driving or parking vehicles on food or cover plots and strips is prohibited.

h. Blocking the entrance to roads and trails is prohibited.

i. Licensed motorized vehicles (LMVs) legal for highway use, including motorcycles, are restricted entirely to designated roads as indicated on WMA maps. UTVs are restricted to marked UTV trails only, except that those UTVs in which the manufacturer's specifications do not exceed the weight, length, width, and tire restrictions for ATVs are allowed on ATV trails. ATVs are restricted to marked ATV trails only when WMA roads are closed to LMVs, ATVs and UTVs may then use those roads when allowed. This restriction does not apply to bicycles.

NOTE: Only ATV and UTV trails marked with signs and/or paint, and depicted on WMA maps are open for use.

j. Use of special ATV trails for physically challenged persons is restricted to ATV physically challenged permittees. Physically challenged ATV permittees are restricted to physically challenged ATV trails or other ATV trails only as indicated on WMA maps or as marked by sign and/or paint. Persons 60 years of age and older, with proof of age, are also allowed to use special physically challenged trails and need not obtain a permit. However, these persons must abide by all rules in place for these trails. Physically challenged persons under the age of 60 must apply for and obtain a physically challenged hunter program permit from the LDWF.

k. Entrances to ATV trails will be marked with peach colored paint. Entrances to physically challenged-only ATV trails will be marked with blue colored paint. Entrances to ATV trails that are open all year long will be marked with purple paint. The end of all ATV trails will be marked by red paint. WMA maps serve only as a general guide to the route of most ATV trails, therefore all signage and paint marking as previously described will be used to determine

compliance. Deviation from this will constitute a violation of WMA rules and regulations.

l. Roads and trails may be closed due to poor condition, construction or wet weather.

m. ATVs, and motorcycles cannot be left overnight on WMAs except on designated camping areas. ATVs are prohibited from two hours after sunset to 4 a.m., except raccoon hunters may use ATVs during nighttime raccoon take seasons only. ATVs are prohibited from March 1 through August 31 except squirrel hunters are allowed to use ATV trails during the spring squirrel season on the WMA and except certain trails may be open during this time period to provide access for fishing or other purposes and some ATV trails will be open all year long on certain WMAs.

n. Caution. Many LDWF-maintained roadways on WMAs are unimproved and substandard. A maximum 20 mph speed limit is recommended for all land vehicles using these roads, unless specific signage otherwise allows or restricts.

o. Hunters are allowed to retrieve their own downed deer and hogs with the aid of an ATV except on Thistlethwaite, Sherburne, Atchafalaya Delta, Pass-a-Loutre, Pointe-aux-Chenes, Salvador, Timken, Lake Bouef, and Biloxi WMAs under the following conditions:

i. no firearms or archery equipment is in possession of the retrieval party or on the ATV;

ii. the retrieval party may consist of no more than one ATV and one helper;

iii. ATVs may not be used to locate or search for wounded game or for any other purpose than retrieval of deer and hogs once they have been legally harvested and located;

iv. UTV's may not be used to retrieve downed deer or hogs.

10. Commercial Activities

a. Hunting Guides/Outfitters. No person or group may act as a hunting guide, outfitter or in any other capacity for which they are paid or promised to be paid directly or indirectly by any other individual or individuals for services rendered to any other person or persons hunting on any WMA, regardless of whether such payment is for guiding, outfitting, lodging or club memberships.

b. Except for licensed activities otherwise allowed by law, commercial activities are prohibited without a permit issued by the secretary of the LDWF.

c. Commercial Fishing. Permits are required of all commercial fishermen using Grassy Lake, Pomme de Terre and Spring Bayou WMAs. Gill nets or trammel nets and the take or possession of grass carp are prohibited on Spring Bayou WMA. Drag seines (except minnow and bait seines) are prohibited except experimental bait seines allowed on Dewey Wills WMA north of LA 28 in Diversion Canal. Commercial fishing is prohibited during regular waterfowl seasons on Grand Bay, Silver Lake and Lower Sunk Lake on Richard K. Yancey WMA. Commercial fishing is prohibited on Salvador/Timken, Ouachita and Pointe-aux-Chenes WMAs except commercial fishing on Pointe-aux-Chenes is allowed in Cut Off Canal and Wonder Lake. No commercial fishing activity shall impede navigation and no unattended vessels or barges will be allowed. Non-compliance with permit regulations will result in revocation of commercial fishing privileges for the period the license is issued and one

year thereafter. Commercial fishing is allowed on Pass-a-Loutre and Atchafalaya Delta WMAs. See Pass-a-Loutre for additional commercial fishing regulations on mullet.

11. WMAs Basic Season Structure. For season dates, bag limits, shooting hours, special seasons and other information consult the annual regulations pamphlet for specific details.

12. Resident Small Game (squirrel, rabbit, quail, mourning dove, woodcock, snipe, rail and gallinule). Same as outside except closed during modern firearm either-sex deer seasons on certain WMAs (see WMA schedule) and except non-toxic shot must be used for rail, snipe, and gallinule. Consult regulations pamphlet. Unless otherwise specified under a specific WMA hunting schedule, the use of dogs for rabbit and squirrel hunting is prohibited. Spring squirrel season with or without dogs: first Saturday of May for nine days. Consult regulations pamphlet for specific WMAs.

13. Waterfowl (ducks, geese and coots). Consult regulations pamphlet. Hunting after 2 p.m. prohibited on all WMAs except for Atchafalaya Delta, Attakapas, Biloxi, Lake Boeuf, Pass-a-Loutre, Pointe-aux-Chenes, and Salvador/Timken WMAs. Consult specific WMA regulations for shooting hours on these WMAs.

14. Archery. Consult regulations pamphlet.

15. Hogs. Feral hogs may be taken during any open hunting season on WMAs by properly licensed and/or permitted hunters using only guns or bow and arrow legal for specified seasons in progress, except take of hogs is prohibited during nighttime raccoon seasons. Hogs may not be taken with the aid of dogs, except feral hogs may be taken with the aid of dogs during the month of February on Attakapas, Bodcau, Boeuf, Clear Creek, Dewey Wills, Jackson-Bienville, Little River, Pass a Loutre, Pearl River, Richard K. Yancey, Sabine, Sabine Island, and West Bay WMAs by self-clearing permit. All hogs must be killed immediately and may not be transported live under any conditions, except as allowed by permit from either the Minden, Lake Charles, Monroe, Pineville, Hammond or Opelousas offices. During the February dog season hunters may use centerfire pistols in addition to using guns allowed for season in progress. Additionally, feral hogs may be taken on Atchafalaya Delta, Pass-a-Loutre, Pointe-aux-Chenes and Salvador WMAs from February 16 through March 31 with shotguns loaded with buckshot or slugs or rimfire rifles no larger than .22 caliber. Additional requirements may be specified under individual WMAs, see regulation pamphlet.

16. Outlaw Quadrupeds and Birds. Consult regulations pamphlet. During hunting seasons specified on WMAs, except the turkey and spring squirrel seasons, take of outlaw quadrupeds and birds, with or without the use of electronic calls, is allowed by properly licensed hunters and only with guns or bows and arrows legal for season in progress on WMA. However, crows, blackbirds, grackles and cowbirds may not be taken before September 1 or after January 1. As described in 50 CFR Part 21, non-toxic shot must be used for the take of crows, blackbirds, cowbirds and grackles under the special depredation order. In addition an annual report has to be submitted to the U.S. Fish and Wildlife Service for those that participate in the take of these species.

17. WMAs Hunting Schedule and Regulations

a. Alexander State Forest. From December through February all hunters must check daily with the Office of Forestry for scheduled burning activity. No hunting or other activity will be permitted in burn units the day of the burning. Call (318) 487-5172 or (318) 487-5058 for information on burning schedules. Vehicles restricted to paved and graveled roads. No parking on or fishing or swimming from bridges. No open fires except in recreation areas.

b. Atchafalaya Delta. Water control structures are not to be tampered with or altered by anyone other than employees of LDWF. All-terrain vehicles, motorcycles, horses, and mules prohibited except as permitted for authorized WMA trappers. Mudboats or air-cooled propulsion engines powered by more than 36 total horsepower are prohibited on the WMA. Limited access area, no internal combustion engines allowed from September through January. See WMA map for specific locations.

c. Bayou Macon. All night activities prohibited except as otherwise provided.

d. Big Colewa Bayou. All nighttime activities prohibited.

e. Big Lake. Use of nets, yoyos, and trotlines prohibited on Big and Chain Lakes.

f. Biloxi. ATVs, UTVs, motorcycles, horses, and mules are prohibited. Mud boats or air-cooled propulsion vessels can only be powered by straight shaft "long tail" air-cooled mud motors that are 16 total horsepower or less on the WMA. All other types of mud boats or air cooled propulsion vessels (including "surface drive" boats) are prohibited. All ATVs, UTVs, and motorcycles are prohibited.

g. Bodcau-towable watersports not allowed in Ivan Lake. Nets and traps prohibited on Ivan Lake.

h. Camp Beauregard. Daily military clearance required for all recreational users. Retriever training allowed on selected portions of the WMA. Contact the LDWF field office for specific details.

i. Dewey W. Wills. Crawfish: 100 pounds per person per day.

j. Elbow Slough. Non-toxic shot (minimum size #6) only for all hunting. All motorized vehicles prohibited.

k. Elm Hall. No ATVs or UTVs allowed.

l. Fort Polk. Daily military clearance required to hunt or trap. New special regulations apply to ATV users.

m. Grassy Lake. Commercial Fishing: Permitted except on Smith Bay, Red River Bay and Grassy Lake proper on Saturday and Sunday and during waterfowl season. Permits available from area supervisor at Spring Bayou headquarters or Opelousas field office. No crawfishing traps or nets may be left overnight. No hunting in restricted area.

n. Joyce. Swamp walk: no loaded firearms or hunting allowed within 100 yards of walkways. Crawfish: 100 pounds per person per day.

o. Lake Boeuf. Hunting allowed until 12 noon on all game, except deer may be hunted until one-half hour after sunset. All nighttime activities prohibited. All-terrain vehicles, motorcycles, horses, and mules are prohibited.

p. Lake Ramsay. Foot traffic only—all vehicles restricted to parish roads.

q. Manchac. Crabs: no crab traps allowed. Attended lift nets are allowed.

r. Maurepas Swamp. No loaded firearms or hunting allowed within 100 yards of nature trail. Crawfish: 100 pounds per person per day.

s. Ouachita. Waterfowl refuge: north of LA 15 closed to all hunting, fishing and trapping and ATV/UTV use during duck season including early teal season, except hunting allowed during waterfowl falconry season. Crawfish: 100 pounds per person per day limit. Night crawfishing prohibited. No traps or nets left overnight. All nighttime activities prohibited except as otherwise provided.

t. Pass-a-Loutre. Commercial fishing: same as outside. Commercial mullet fishing open only in: South Pass, Pass-a-Loutre, North Pass, Southeast Pass, Northeast Pass, Dennis Pass, Johnson Pass, Loomis Pass, Cadro Pass, Wright Pass, Viveats Pass, Cogneviech Pass, Blind Bay, Redfish Bay, Garden Island Bay, Northshore Bay, East Bay (west of barrier islands) and oil and gas canals as described on the LDWF Pass-a-Loutre WMA map. All ATVs, UTVs, motorcycles, horses, and mules prohibited on this area. Oyster harvesting is prohibited. Mudboats or air-cooled propulsion engines powered by more than 36 total horsepower are prohibited on the WMA. Limited access area, no internal combustion engines allowed from September through January. See WMA map for specific locations.

u. Pearl River. All roads closed 8 p.m. to 4 a.m. to all vehicles. Old Hwy. 11 will be closed when river gauge at Pearl River, Louisiana, reaches 16.5 feet. All hunting except waterfowl will be closed when the river stage at Pearl River reaches 16.5 feet. No hunting in the vicinity of nature trail. Observe "No Hunting" signs. Rifle range open Friday, Saturday and Sunday with a fee. Type A personal water craft, model year 2003 and beyond, which are eight feet in length and greater, may be operated in the areas of Pearl River wildlife management area, south of U.S. 90 from April 1 until the Monday of Labor Day weekend, from sunrise to sunset only. No person shall operate such water craft at a speed greater than slow/no wake within 100 feet of an anchored or moored vessel, shoreline, dock, pier, persons engaged in angling or any other manually powered vessel. Crawfish: 100 pounds per person per day.

v. Peason Ridge. Daily military clearance required to hunt or trap. Special federal regulations apply to ATV users.

w. Pointe-aux-Chenes. Hunting until 12 noon on all game, except for mourning dove hunting and youth lottery deer hunt as specified in regulation pamphlet. Point Farm: gate will be open all weekends during month of February. No motorized vessels allowed in the drainage ditches. Recreational fishing: shrimp may be taken by the use of cast nets only. During the inside open shrimp season, 25 pounds per boat per day (heads on) maximum shall be allowed. Size count to conform with open season requirements. During the inside closed season, 10 pounds per boat per day (heads on) may be taken for bait. All castnet contents shall be contained and bycatch returned to the water immediately. Oyster harvesting is prohibited. Fish may be taken only by rod and reel or hand lines for recreational purposes only. Crabs may

be taken only through the use of hand lines or nets; however, none are to remain set overnight. Twelve dozen crabs maximum are allowed per boat or vehicle per day. Crawfish may be harvested in unrestricted portions of the WMA and shall be limited to 100 pounds per person per day. Fishing gear used to catch crawfish shall not remain set overnight. The harvest of all fish, shrimp, crabs and crawfish are for recreational purposes only and any commercial use is prohibited. All boats powered by engines having total horsepower above 25 h.p. are not allowed in the Grand Bayou, Montegut and Pointe-aux-Chenes water management units. Public is permitted to travel anytime through the WMA for access purposes only, in the waterways known as Grand Bayou, Humble Canal, Little Bayou Blue, Grand Bayou Blue, St. Louis Canal and Bayou Pointe-aux-Chenes unless authorized by the LDWF. All other motorized vehicles, horses and mules are prohibited unless authorized by the LDWF. Limited access area, no internal combustion engines allowed from September through January. See WMA map for specific locations. All ATVs, UTVs, motorcycles, horses, and mules prohibited.

x. Pomme de Terre. Commercial Fishing: permitted Monday through Friday, except closed during duck season. Commercial fishing permits available from area supervisor, Opelousas field office or Spring Bayou headquarters. Sport fishing: same as outside except allowed only after 2 p.m. only during waterfowl season. Crawfish: March 15-July 31, recreational only, 100 lbs. per person per day. No crawfishing traps or nets may be left overnight.

y. Richard K. Yancey. Recreational Crawfishing: west of the Mississippi River Levee March 15-July 31. 100 pounds per person per day. No traps or nets left overnight. No motorized watercraft allowed.

z. Russell Sage. Transporting trash or garbage on WMA roads is prohibited. All nighttime activities prohibited except as otherwise provided. On Wham Brake, all nighttime activity prohibited during open waterfowl seasons. Internal combustion engines and craft limited to 10 h.p. rating or less in the Greentree Reservoirs.

NOTE: All season dates on Chauvin Tract (U.S. 165 North) same as outside, except still hunt only and except deer hunting restricted to archery only. All vehicles including ATVs prohibited.

aa. Sabine Island. Sabine Island boundaries are Sabine River on the west, Cut-Off Bayou on the north, and Old River and Big Bayou on the south and east.

bb. Salvador/Timken. Hunting until 12 noon only for waterfowl. Recreational Fishing: Shrimp may be taken by the use of cast nets only. During the inside open shrimp season, 25 pounds per boat per day (heads on) maximum shall be permitted. Size count to conform with open season requirements. During the inside closed season, 10 pounds per boat per day (heads on) maximum may be taken for bait. All castnet contents shall be contained and bycatch returned to the water immediately. Fish may be taken only by rod and reel or hand lines for recreational purposes only. Crabs may be taken only through the use of hand lines or nets; however, none of the lines are to remain set overnight. Twelve dozen crabs maximum are allowed per boat or vehicle per day. Crawfish may be harvested in unrestricted portions of the WMA and shall be limited to 100 pounds per person per day. Fishing gear used to catch crawfish shall not remain set overnight. The harvest of all fish, shrimp, crabs and crawfish

are for recreational purposes only and any commercial use is prohibited. Use of mudboats powered by internal combustion engines with more than four cylinders is prohibited. Pulling boats over levees, dams or water control structures or any other activities which cause detriment to the integrity of levees, dams and water control structures is prohibited. Limited access area, no internal combustion engines allowed from September through January. See WMA map for specific locations.

cc. Sandy Hollow. Bird Dog Training: consult regulation pamphlet. Wild birds only (use of pen-raised birds prohibited). Bird dog field trials: permit required from Hammond field office. Horseback riding: self-clearing permit required. Organized trail rides prohibited. Riding allowed only on designated roads and trails depicted on WMA map. Horses and mules are specifically prohibited during turkey and gun season for deer except as allowed for bird dog field trials. No horses and mules on green planted areas. Horse-drawn conveyances are prohibited.

dd. Sherburne. Crawfishing: recreational crawfishing only. Crawfish harvest limited to 100 pounds per person per day. No traps or nets left overnight. No motorized watercraft allowed on farm complexes. Retriever training allowed on selected portions of the WMA. Contact the Opelousas field office for specific details. Vehicular traffic prohibited on Atchafalaya River levee within Sherburne WMA boundaries. Rifle and pistol ranges open daily. Skeet ranges open by appointment only, contact Hunter Education office. No trespassing in restricted area behind ranges.

NOTE: Atchafalaya National Wildlife Refuge, and U.S. Army Corps of Engineers land holdings adjacent to the Sherburne WMA will have the same rules and regulations as Sherburne WMA. No hunting or trapping in restricted area.

ee. Soda Lake. No motorized vehicles allowed. Bicycles allowed. All trapping and hunting prohibited except archery hunting for deer and falconry. Closed to fishing west of Twelve Mile Bayou from October 1-March 31.

ff. Spring Bayou. Commercial Fishing: permitted Monday through Friday except slat traps and hoop nets permitted any day and except gill or trammel nets or the take or possession of grass carp are prohibited. Permits available from area supervisor or Opelousas field office. Closed until after 2 p.m. during waterfowl season. Sport fishing: same as outside except allowed only after 2 p.m. during waterfowl season. Crawfish: recreational only, limit 100 pounds per person per day. No hunting allowed in headquarters area. Only overnight campers allowed in the improved Boggy Bayou camping area. Rules and regulations posted at camp site. A fee is assessed for use of this campsite. Water skiing allowed only in Old River and Grand Lac.

gg. Sicily Island Hills. Fishing restricted to rod and reel, and pole fishing only. All other gear prohibited.

hh. Tangipahoa Parish School Board. No horseback riding during gun season for deer or turkey. ATVs/UTVs are not allowed except as otherwise specified.

ii. Thistlethwaite. All motorized vehicles restricted to improved roads only. All users must enter and leave through main gate only.

jj. Tunica Hills. Camping limited to tents only in designated area.

kk. Union. All nighttime activities prohibited except as otherwise provided.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115 and R.S. 56:116.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:1279 (July 1999), amended LR 26:1494 (July 2000), LR 27:1049 (July 2001), LR 28:1603 (July 2002), LR 29:1124 (July 2003), repromulgated LR 29:1522 (August 2003), amended LR 30:1495 (July 2004), LR 31:1611 (July 2005), LR 32:1251 (July 2006), LR 33:1382 (July 2007), LR 34:1429 (July 2008), LR 35:1264 (July 2009), LR 36:1566 (July 2010), LR 37:2190 (July 2011), LR 38:1732 (July 2012), LR 40:1540 (August 2014), LR 41:963 (May 2015).

§113. General and WMA Turkey Hunting Regulations

A. General Regulations. Only gobblers (male turkeys) may be taken. Taking of hen (female) turkeys, including bearded hens, is prohibited; still hunting only. Use of dogs, electronic calling devices and live decoys is illegal. Turkeys may be hunted with shotguns, including muzzleloading shotguns, using shot not larger than #2 lead or BB steel shot, and approved archery equipment but by no other means. Shooting turkeys from a moving or stationary vehicle is prohibited. Shotguns capable of holding more than three shells prohibited. The running of coyote with dogs is prohibited in all turkey hunting areas during the open turkey season. No person shall hunt, trap or take turkeys by the aid of baiting or on or over any baited area. Baiting means placing, exposing, depositing or scattering of corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed so as to constitute a lure, attraction or enticement to, on or over any areas where hunters are attempting to take turkeys. A baited area is any area where corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed capable of luring, attracting or enticing turkeys is directly or indirectly placed, exposed, deposited, distributed or scattered. Such areas remain baited areas for 15 days following complete removal of all such corn, wheat or other grain, salt, or other feed. Wildlife agents are authorized to close such baited areas and to place signs in the immediate vicinity designating closed zones and dates of closures. No person hunting turkeys more than 200 yards from a baited area will be in violation of the turkey baiting regulation.

B. Tags

1. Prior to hunting turkeys, all turkey hunters, regardless of age or license status, must obtain turkey tags and have them in their possession while turkey hunting. Immediately upon killing a turkey, hunters must attach a carcass tag to the turkey before it is moved from the site of the kill and must document the kill on the turkey harvest report card. The date of kill and parish of kill must be recorded on the carcass tag. The tag must remain attached to the turkey while kept at camp or while it is transported to the domicile of the hunter or to a cold storage facility. Hunters who keep the carcass or meat at a camp must also comply with game possession tag regulations. Within seven days of the kill, the hunter must report the kill. Hunters may report turkeys by calling the validation phone number or using the validation website.

2. Turkey hunters purchasing licenses by phone or internet will be given an authorization number and a LDWF identification number that will serve as their license and tags until the physical license and tags arrive by mail. Turkey hunters who have purchased a license with tags, but have not yet received their physical license and tags, must

immediately tag their kill with a possession tag before moving it from the site of the kill. The authorization number and LDWF identification number must be recorded on the possession tag. Hunters must retain documentation of any turkeys killed and upon receiving their physical tags and harvest report card, validate their kill as required in these regulations. The tags for turkeys killed prior to receiving the physical tags must be removed from the turkey harvest report card and discarded.

3. Tags removed from the turkey harvest report card prior to killing a turkey are no longer valid and if lost will not be replaced. Duplicate tags and turkey harvest report cards are available to replace lost report cards and attached tags. Hunters will be charged a fee for duplicate turkey harvest report cards and tags. Hunters that have killed a turkey prior to losing their remaining tag and harvest report card must remove and discard the duplicate tag to account for the original tag that was used and validated. Hunters must record any previously validated turkey on the duplicate turkey harvest report card.

C. Possession of Live Wild Turkeys. No person shall take live wild turkeys or their eggs from the wild. No person shall possess captive live wild turkeys, (*Meleagris gallopavo silvestris*, *M.g. osceola*, *M.g. intermedia*, *M.g. merriami*, *M.g. mexicana*) or their eggs, regardless of origin, without a valid game breeder license. No penraised turkeys from within or without the state shall be liberated (released) within the state.

D. Statewide Youth and Physically Challenged Season Regulations. Only youths 17 years of age or younger or hunters possessing a physically challenged hunter permit with wheelchair classification may hunt. Youth must possess a hunter safety certification or proof of successful completion of a hunter safety course. Youths must be accompanied by one adult 18 years of age or older. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for youth younger than 16 years of age. Adults accompanying youth may not possess a firearm or bow. Youths may possess only one firearm or bow while hunting. The supervising adult shall maintain visual and voice contact with the youth at all times, except properly licensed youths 16-17 years old and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. Only one gobbler per day may be taken and any gobbler taken by the hunter during this special season counts towards their season bag limit of two.

E. Shooting Hours—one-half hour before sunrise to one-half hour after sunset.

F. Turkey Hunting Area Descriptions

1. Area A

a. All of the following parishes are open:

- i. Beauregard;
- ii. Bienville;
- iii. Claiborne;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

- iv. East Baton Rouge;
- v. East Feliciana;
- vi. Grant;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates;

- vii. Jackson;
- viii. LaSalle;
- ix. Lincoln;
- x. Livingston;
- xi. Natchitoches;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xii. Pointe Coupee;

Exception: see Sherburne WMA for special season dates on all state, federal, and private lands within Sherburne boundaries.

xiii. Rapides;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xiv. Sabine;

xv. St. Helena;

xvi. Tangipahoa;

xvii. Union;

xviii. Vernon;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xix. West Baton Rouge;

xx. West Feliciana (including Raccourci Island);

xxi. Winn.

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

b. Portions of the following parishes are also open:

i. Allen—north of LA 104, west of LA 26 south of junction of LA 104 to US 190, north of US 190 east of Kinder, west of US 165 south of Kinder;

ii. Avoyelles—that portion bounded on the east by the Atchafalaya River, on the north by Red River to the Brouillette Community, on the west by LA 452 from Brouillette to LA 1, on the south by LA 1, eastward to Hamburg, thence by the west Atchafalaya Basin protection levee southward;

iii. Calcasieu—north of I-10;

iv. Caldwell—west of Ouachita River southward to Catahoula Parish line;

v. Catahoula—south and west of the Ouachita River from the Caldwell Parish line southward to LA 8 at Harrisonburg, north and west of LA 8 from Harrisonburg to the LaSalle Parish line, also that portion lying east of LA 15;

vi. Evangeline—north and west of LA 115, north of LA 106 west of LA 115 to US 167, west of US 167 south to LA 10, north of LA 10 west of US 167 to LA 13, west of LA 13 south of LA 10 to Mamou and north of LA 104 west of Mamou;

vii. Franklin—that portion lying east of LA 17 and east of LA 15 from its juncture with LA 17 at Winnsboro;

viii. Iberville—west of the Mississippi River;

Exception: see Sherburne WMA for special season dates on all state, federal and private lands within Sherburne boundaries.

ix. Jefferson Davis—north of US 190 from junction with LA 26 to Kinder, west of US 165 and north of I-10 west from junction of US 165;

x. Madison—that portion lying east of US 65 from East Carroll Parish line to US 80 and south of US 80. Also, all lands east of the main channel of the Mississippi River;

xi. Morehouse—west of US 165 from the Arkansas line to the junction of LA 140 at Bonita, north and west of LA 140 to junction of LA 830-4 (Cooper Lake Road), west of LA 830-4 to US 165 at Bastrop, south of US 165 to junction of LA 3051 (Grabault Road) south of LA

3051 to junction of LA 138, west of LA 138 to junction of LA 134, north of LA 134 to the Ouachita Parish line;

xii. Ouachita—all west of the Ouachita River. That portion east of the Ouachita River lying north of US 80;

xiii. Richland—that portion south of US 80 and east of LA 17;

xiv. St. Landry—that portion bounded on the west by the west Atchafalaya Basin Protection Levee and on the east by the Atchafalaya River;

Exception: the Indian Bayou area; see federal lands hunting schedule for Indian Bayou area dates.

xv. Upper St. Martin—all within the Atchafalaya Basin;

Exceptions: Sherburne WMA and Indian Bayou area, see WMA Turkey Hunting Schedule for special season dates on all state, federal and private lands within Sherburne WMA boundaries and see federal lands hunting schedule for Indian Bayou dates.

xvi. Tensas—that portion west of US 65 from the Concordia Parish line to its juncture with LA 128, north of LA 128 to St. Joseph; west and north of LA 605, 604 and 3078 northward to Port Gibson Ferry; also all lands east of the main channel of the Mississippi River.

2. Area B

a. All of the following parishes are open:

- i. Ascension;
- ii. DeSoto;
- iii. Red River;
- iv. St. Tammany;
- v. Washington.

b. Portions of the following parishes are open:

i. Bossier—all open except that portion bounded on the north by I-20, on the west by LA 164, on the south by LA 164, and on the east by the Webster Parish line;

ii. Caddo—all except that portion north of I-20 from the Texas state line to I-220, west of I-220 to LA 1, west of LA 1 to Caddo Lake, south of Caddo Lake to the Texas state line;

iii. East Carroll—east of US 65 from Arkansas state line to Madison Parish line;

iv. Iberville—all east of the Mississippi River;

v. Webster—all open except that portion bounded on the north by I-20, on the east by U.S. 371, on the south by LA 164, and on the west by the Bossier Parish line.

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

3. Area C

a. All of the following parishes are open:

- i. Concordia.

b. Portions of the following parishes are open:

i. Caldwell—all east of the Ouachita River;

ii. Catahoula—all of the parish except for that portion located in area A;

iii. Franklin—west of LA 17 from the Richland Parish line southward to Winnsboro, west of LA 15 southward to the Catahoula Parish line;

iv. Iberia—east of the west Atchafalaya Basin protection levee;

v. Richland—west of LA 17 from Franklin Parish line to Ringle Road, south of Ringle Road to Ferguson Road, south of Ferguson Road to Little Road, south of Little Road to Big Creek, east of Big Creek to Franklin Parish line;

vi. Tensas—east and south of US 65 from Concordia Parish line to LA 128, south of LA 128 to St.

Joseph, east and south of LA 605, 604 and 3078 northward to Port Gibson Ferry.

4. Turkey season dates on wildlife management areas, national wildlife refuges, Kisatchie National Forest and U.S. Army Corps of Engineers land located within areas A, B, and C may vary from the season set for the parish in which they are located. Seasons for these lands are specified in LAC 76:XIX.115.

G. WMA Turkey Hunting Regulations

1. WMAs with youth turkey hunts are closed to all activities except turkey hunting by authorized youth hunt participants, shooting range use, and fishing on the day(s) of the youth hunt.

2. Self-Clearing Permits—all turkey hunts, including lottery hunts, are self-clearing. Hunters must check in daily by obtaining a permit from a self-clearing station prior to hunting. The self-clearing permit must be in the hunter's possession while hunting. Upon completion of each days hunt, the hunter must check out by completing and depositing the hunter report portion of the permit in the check-out box at a self-clearing station before exiting the WMA.

3. Lottery Hunts—all or portions of some WMA seasons are designated as lottery hunts and are restricted to hunters selected by pre-application lottery. To apply for these lottery hunts, a hunter must submit a completed official application form to the Baton Rouge office by the deadline printed on the application. A non-refundable fee of \$5 must be sent with each application. Applicants for WMA youth hunts must be 17 years of age or younger and at least 8 years old on the day of the hunt. Applicants may submit only one application and may be selected for only one spring WMA turkey lottery hunt annually, except, youths may also apply for the regular WMA turkey lottery. Submitting more than one application per lottery type will result in disqualification. Hunters must abide by self-clearing permit requirements. Hunters chosen for WMA lottery hunts may be accompanied by one person. The person accompanying a lottery hunter shall not possess a firearm/bow or take a turkey, and must remain within a distance that allows normal voice contact with the lottery hunter at all times. Youths chosen for special youth only hunts may be assigned a guide on the day of the hunt provided that guides are available. One person may accompany the youth and guide, but may not hunt.

4. WMA Physically Challenged Hunt (wheelchair confined)—open only to hunters with a physically challenged hunter permit with wheelchair classification. During this hunt, ATVs may be used by hunters on all designated ATV trails in accordance with the physically challenged hunter permit. Hunters must abide by self-clearing permit requirements.

5. Rules Specific to Certain WMAs

a. Sandy Hollow. No turkey hunting within 100 yards of food plots identified by two yellow paint rings around the nearest tree.

b. Sherburne. All turkeys taken must be checked at the WMA headquarters.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2263 (November 1999), amended LR 26:2634 (November

2000), LR 27:2270 (December 2001), LR 28:2375 (November 2002), LR 29:2512 (November 2003), LR 30:2874 (December 2004), LR 31:3167 (December 2005), LR 32:2272 (December 2006), LR 33:2469 (November 2007), LR 35:91 (January 2009), LR 35:2478 (November 2009), LR 36:2581 (November 2010), LR 37:3535 (December 2011), LR 38:2941 (November 2012), LR 40:1554 (August 2014), LR 41:977 (May 2015).

§115. Turkey Hunting Areas, Seasons, and Bag Limits

A. Daily limit is one gobbler. Season limit is two gobblers. Turkeys taken on WMAs are part of the season bag limit. Only one turkey may be taken during spring WMA lottery hunts.

B. Turkey season will open on the fourth Saturday in March. The area A turkey season will be 30 consecutive days in length, the area B turkey season will be 23 consecutive days in length, and the area C turkey season will be 16 consecutive days in length. Wildlife management areas, national forests, national wildlife refuges, and U.S. Army Corps of Engineers land may vary from this framework. Deviation from this framework may occur in those years when the fourth Saturday in March falls the day before Easter.

C. Statewide youth turkey and physically challenged season on private lands shall be the weekend prior to the start of the regular turkey season.

D. Only those wildlife management areas listed herein are open to turkey hunting. All other wildlife management areas are closed.

E. 2016 Turkey Hunting Schedule

Area	Season Dates
A	March 26-April 24
B	March 26-April 17
C	March 26-April 10
Private Lands Youth and Physically Challenged Hunter (Wheelchair Confined) Hunt	March 19-20

F. Wildlife Management Area Turkey Hunting Schedule

WMA	Non-Lottery Hunt Dates	Lottery Hunt Dates
Attakapas	March 26-April 3	None
Bayou Macon	None	April 16-17
Big Lake	March 26-April 10	None
Bodcau	March 26-April 10	None
Boeuf	March 26-April 10	None
Camp Beauregard	March 26-April 3	None
Clear Creek	April 4-24	March 26-27 April 2-3
Dewey Wills	None	March 26-27 April 2-3
Fort Polk-Vernon	March 26-April 24	None
Grassy Lake	March 26-April 3	None
Hutchinson Creek	March 26-April 24	None
Jackson-Bienville	March 26-April 10	None
Lake Ramsey	March 26-April 10	None
Little River	March 26-April 10	None
Loggy Bayou	None	April 15-17
Pearl River	None	March 26-27
Peason Ridge	March 26-April 24	None
Pomme de Terre	April 20-April 24	None
Richard K. Yancey	March 26-April 10	None
Sabine	None	April 1-3 April 15-17
Sandy Hollow	March 26-April 10	None
Sherburne	March 28-30	March 26-27

WMA	Non-Lottery Hunt Dates	Lottery Hunt Dates
Sicily Island	None	March 26-28 March 29-31 April 1-3 April 4-6 April 7-10
Tangipahoa Parish School Board	March 26-April 24	None
Tunica Hills	April 11-17	March 26-27 April 2-3 April 9-10
Union	April 4-10	April 2-3
Walnut Hills	March 26-April 24	None
West Bay	None	March 26-27 April 2-3 April 9-10

G. Wildlife Management Area Lottery Youth Hunts

WMA/Ranger District	Lottery Youth Hunt Date
Bodcau	March 19-20
Clear Creek	March 19
Fort Polk-Vernon/Peason Ridge	March 19
Grassy Lake	March 19
Jackson-Bienville	March 19-20
Loggy Bayou	April 9-10
Pearl River	March 19
Pomme de Terre	April 9-10
Richard K. Yancey	March 19-20
Sherburne	March 19
Sicily Island	March 19
Spring Bayou	April 9-10
Tunica Hills	March 19
Union	March 19-20
West Bay	March 19

H. Non-Lottery WMA Youth Hunts

1. Big Lake will be open March 19-20 (only youths may hunt).

2. Bodcau WMA will be open April 16-17 (only youths may hunt).

3. Jackson-Bienville WMA will be open April 16-17 (only youths may hunt).

I. Wildlife Management Area Physically Challenged (Wheelchair Confined) Hunt

1. Jackson-Bienville WMA will be open April 18-24 to holders of valid physically challenged hunter (wheelchair classification) permits.

J. Federal Lands Turkey Hunting Schedule

1. Kisatchie National Forest (KNF) turkey hunting schedule: (youth only) March 19-20 on all Ranger Districts (except Vernon Unit lands within Ft. Polk-Vernon WMA) Caney Ranger District, March 26-April 10; all remaining KNF lands, March 26-April 17 (including Catahoula and Red Dirt National Wildlife Management Preserves, except self-clearing permit required to hunt turkey on Catahoula and Red Dirt National Wildlife Management Preserves).

2. U.S. Army Corps of Engineers turkey hunting schedule: Indian Bayou area, March 19-20 youth and physically challenged lottery only hunt, and lottery hunt only on March 26-27 and April 2-3, and open April 9-10. Old River Control and Lock Areas, March 26-April 10.

3. National wildlife refuges: Bogue Chitto NWR, March 26-April 17, March 19-20 (youth only); Lake Ophelia NWR, March 19 (youth lottery only), March 26-April 10 hunt ends at 12 p.m. each day; Tensas NWR, March 19-20 (youth only), March 26-April 10; Upper Ouachita NWR, March 19 (youth lottery only).

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2264 (November 1999), amended LR 26:2634 (November 2000), LR 27:2270 (December 2001), LR 28:2376 (November 2002), LR 29:2513 (November 2003), LR 30:2875 (December 2004), LR 31:3167 (December 2005), LR 32:2272 (December 2006), LR 33:2470 (November 2007), LR 35:90 (January 2009), LR 35:2481 (November 2009), LR 36:2583 (November 2010), LR 37:3541 (December 2011), LR 38:2944 (November 2012), LR 40:1556 (August 2014), LR 41:980 (May 2015).

Billy Broussard
Chairman

1505#026

RULE

Workforce Commission Office of Workers' Compensation

Outlier Reimbursement and Appeals Procedures (LAC 40:I.2519)

This Rule is promulgated by the authority vested in the director of the Office of Workers' Compensation found in R.S. 23:1310(C). It has enacted corrections to Title 40, Labor and Employment, Part I, Workers' Compensation Administration, Subpart 2, Medical Guidelines, Chapter 25, Section 2519, Outlier Reimbursement and Appeals Procedures.

Title 40

LABOR AND EMPLOYMENT

Part I. Workers' Compensation Administration

Subpart 2. Medical Guidelines

Chapter 25. Hospital Reimbursement Schedule, Billing Instruction and Maintenance Procedures

§2519. Outlier Reimbursement and Appeals Procedures

A. Automatic Outliers. Inpatient hospital acute care services falling within certain diagnosis code ranges will be reimbursed outside the normal per diem reimbursement method. These atypical admissions will be paid at covered billed charges less a 15 percent discount. Conditions requiring acute care inpatient hospital services that are work-related and are recognized as "automatic outliers" are:

1. AIDS: ICD-9 Diagnosis Codes 042-044;

2. Acute Myocardial Infarction: ICD-9 Diagnosis Code 410; and

3. Severe Burns: ICD-9 Diagnosis Codes: 940.0-940.9; 941.30-941.39; 941.40-941.49; 941.50-941.59; 942.30-942.39; 942.40-942.49; 942.50-942.59; 943.30-943.39; 943.40-943.49; 943.50-943.59; 944.30-944.39; 944.40-944.49; 944.50-944.59; 945.30-945.39; 945.40-945.49; 945.50-945.59; 946.3; 946.4; 946.5; 947.0-947.9; 948.00 ; 948.10; 948.11; 948.20-948.22; 948.30-948.33; 948.40-948.44; 948.50-948.55; 948.60-948.66; 948.70-948.77; 948.80-948.88; 948.90-948.99; 949.3; 949.4; 949.5; 949.

B. - B.7.a. ...

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), amended by the Workforce Commission, Office of Workers' Compensation, LR 41:981 (May 2015).

Curt Eysink
Executive Director

1505#022

Notices of Intent

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 111—The Louisiana School, District, and State Accountability System (LAC 28:LXXXIII.301)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement revisions to *Bulletin 111—The Louisiana School, District, and State Accountability System*: §301, School Performance Score Goal. The revisions modify the calculation of high school progress points in the Louisiana school and district performance school formula and allow either the current or proposed calculation, whichever is higher, to be used in 2014-15 calculation of performance scores.

Title 28 EDUCATION

Part LXXXIII. Bulletin 111—The Louisiana School, District, and State Accountability System

Chapter 3. School Performance Score Component

§301. School Performance Score Goal

A. - C.5. ...

D. Progress Points

1. The school performance score will also be affected by the progress points earned from growth calculated for the non-proficient student subgroup (i.e., super subgroup).

2. To be eligible for K-8 progress points, the school must have:

a. at least 10 students in the non-proficient subgroup, as identified for subgroup membership based on prior year assessment scores only (i.e. students may be proficient or non-proficient in the current year) in ELA or mathematics; and

b. more than 50 percent (i.e. 50.001+) of the students in the non-proficient subgroup exceed their expected score, as determined by the value-added model for students in grades K-8;

c. if Subparagraphs 2.a and 2.b are met, then the number and the percent of students will be multiplied by 0.1, and the higher of the two products will be used to assign progress points. For students who earn an unsatisfactory on LEAP or iLEAP, the multiplier will be 0.1. For students who earn an approaching basic on LEAP or iLEAP in the prior year, the multiplier will be 0.05.

3. To be eligible for high school progress points in 2014-2015 (2015 SPS), the school shall meet either Subparagraph a or b of this Paragraph, whichever is greater in total:

a. at least 10 students in the non-proficient subgroup, as identified for subgroup membership based on the most recent of the two previous years' state assessment scores in ELA or mathematics and a minimum of 30 percent of the students in the non-proficient subgroup score at the

top of the expected score range or higher, as determined by the ACT series. If both conditions are met, then the number and the percent of students will be multiplied by 0.1, and the higher of the two products will be used to assign progress points.

i. For students who earned an unsatisfactory on LEAP or iLEAP or needs improvement on end-of-course tests in prior year(s), the multiplier will be 0.2.

ii. For students who earned an approaching basic on LEAP or iLEAP or a fair on end-of-course tests in prior year(s), the multiplier will be 0.1.

iii. Schools can earn a maximum of 10 progress points to be added to the SPS.

NOTE: EXPLORE predicts PLAN and PLAN predicts ACT.

As an example, if EXPLORE predicted a student would score between 17 and 19 on the PLAN, the student must score a 19 or higher in order to potentially earn progress points for the school.

b. at least 10 students in the non-proficient subgroup, as identified for subgroup membership based on the most recent of the two previous years' state assessment scores in ELA or mathematics and more than 50 percent (i.e. 50.001+) of the students in any one of the four non-proficient subgroups (ELA EXPLORE to PLAN, ELA PLAN to ACT, math EXPLORE to PLAN, math PLAN to ACT) score above the median of the expected score range or higher, as determined by the ACT series. If both conditions are met, then the number and the percent of students will be multiplied by 0.1, and the higher of the two products will be used to assign progress points.

i. For students who earned an unsatisfactory on LEAP or iLEAP or needs improvement on end-of-course tests in prior year(s), the multiplier will be 0.1.

ii. For students who earned an approaching basic on LEAP or iLEAP or a fair on end-of-course tests in prior year(s), the multiplier will be 0.05.

iii. Schools can earn a maximum of 10 progress points to be added to the SPS.

NOTE: EXPLORE predicts PLAN and PLAN predicts ACT.

As an example, if EXPLORE predicted a student would score between 15 and 19 on the PLAN, the student must score a 18 or higher (median is 17) in order to potentially earn progress points for the school.

c. Beginning in 2015-2016 (2016 SPS), only schools earning progress points through 3.b shall be applicable.

i. For combination schools that include both middle and high school grades (e.g., 6-12), the progress points shall be calculated by adding the points earned from each test group together. For sums that are greater than 10, a maximum of 10 points will be awarded.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2737 (December 2003), amended LR 31:1512 (July 2005), LR 32:1017 (June 2006), LR 32:2034, 2035 (November 2006), LR 33:424 (March 2007), LR 33:2349 (November 2007), LR 33:2593 (December 2007), LR 34:430 (March 2008), LR 35:639 (April 2009), LR 36:1987

(September 2010), LR 38:3105 (December 2012), LR 39:305 (February 2013), LR 39:1421 (June 2013), LR 39:2441 (September 2013), LR 40:1313 (July 2014), LR 40:2507 (December 2014), LR 41:

Family Impact Statement

In accordance with section 953 and 974 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the state board office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.
2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.
3. Will the proposed Rule affect the functioning of the family? No.
4. Will the proposed Rule affect family earnings and family budget? No.
5. Will the proposed Rule affect the behavior and personal responsibility of children? No.
6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with section 973 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a Poverty Impact Statement on the Rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this Section, the word "poverty" means living at or below 100 percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial security? No.
2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? Yes.
3. Will the proposed Rule affect employment and workforce development? No.
4. Will the proposed Rule affect taxes and tax credits? No.
5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? No.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Provider Impact Statement

The proposed Rule should not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the effect on the staffing level requirements or qualifications required to provide the same level of service;
2. the total direct and indirect effect on the cost to the providers to provide the same level of service; or
3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., June 8, 2015, to Shan N. Davis, Board of Elementary and Secondary Education, P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Shan N. Davis
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Bulletin 111—The Louisiana School, District, and State Accountability System

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy revision will have no effect on costs or savings to state or local governmental units.

The revisions modify the calculation of high school progress points in the Louisiana school and district performance school formula and allow either the current or proposed calculation, whichever is higher, to be used in 2014-15 calculation of performance scores.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

This policy will have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be no estimated cost and/or economic benefit to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This policy will have no effect on competition and employment.

Beth Scioneaux
Deputy Superintendent
1505#011

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 139—Louisiana Child Care and
Development Fund Programs
(LAC 28:CLXV.103 and Chapters 3 and 13)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement revisions to *Bulletin 139—Louisiana Child Care and Development Fund Programs*: §101, Definitions; §301, Certification of Child Care Provider's Eligibility for Participation in CCAP; §303, Types of Child Care Providers that May Apply for Certifications; §305, General Certification Requirements for All Child Care Providers; §307, Specific Certification Requirements for Type III Early

Learning Centers; §309, Specific Certification and Registration Requirements for Family Child Care Providers; §311, Specific Certification Requirements for In-Home Child Care Providers; §313, Specific Certification Requirements for Public and BESE-approved Nonpublic School Programs; §315, Specific Certification Requirements for Military Child Care Centers; §317, Individuals and Entities Not Eligible for Certification as CCAP Providers; §319, Caregiver's Ineligibility for CCAP Payments; §321, Revocation or Refusal of Renewal of Certification and Ineligibility Periods for Providers; §1301, Authority; §1303, Definitions; §1305, Quality Start Child Care Rating System Requirements; §1307, Participation; §1309, Quality Start Child Care Rating System Tiered Bonus Payments; and §1311, Termination. The proposed revisions create the provider certification for the Child Care Assistance Program. Provider certification is the function that certifies providers (e.g., family child day care home, or in-home, etc.) as eligible to receive child care assistance payments on behalf of eligible families.

Title 28 EDUCATION

Part CLXV. Bulletin 139—Louisiana Child Care and Development Fund Programs

Chapter 1. Child Care Assistance Program

§103. Definitions

* * *

Bureau—see Louisiana Bureau of Criminal Identification and Information.

Caregiver—any person legally obligated to provide or secure care for a child, including a parent, legal custodian, foster home parent, or other person providing a residence for the child.

CBC—fingerprint based criminal background check obtained from the Louisiana Bureau of Criminal Identification and Information (bureau) with the Office of State Police.

CCAP—see *Child Care Assistance Program*.

CCAP Provider—a child care provider certified by the Department of Education as eligible to receive CCAP payments.

Certification—verification by the department of a child care provider's eligibility to participate in CCAP and receive CCAP payments.

Certified—eligible to receive CCAP payments.

Child—a person who has not yet reached the age 13, or a person with special needs who has not yet reached age 18. The words "child" and "children" are interchangeable in this Bulletin.

Child and Adult Care Food Program—the federal nutrition reimbursement program as funded by the U.S. Department of Agriculture through the Department of Education.

Child Care and Development Fund (CCDF)—federal program whose purpose is to increase the availability, affordability and quality of child care for eligible families.

Child Care Assistance Program (CCAP)—program funded through the CCDF that makes payments to eligible child care providers for child care services provided to eligible families.

Child Care Center—any place or center operated by any institution, political subdivision, society, agency,

corporation, person or persons, or any other group for the purpose of providing care, supervision, and guidance of seven or more children, not including those related to the caregiver, unaccompanied by parent or legal custodian, on a regular basis for at least 12 1/2 hours in a continuous seven-day week.

Child Care Provider—an early learning center, family child care provider, in home child care provider, military child care center or school child care center.

Child Care Resource and Referral (CCR and R)—a state and/or local organization with whom the department has contracted to provide services to families, early childhood professionals, and communities statewide.

DCFS—Louisiana Department of Children and Family Services.

* * *

Family Child Care Provider—one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, for six or fewer children, in a private residence.

Ineligibility Period for Providers—period of time following the termination of a CCAP provider's certification during which the provider is ineligible for certification.

In-Home Child Care Provider—an individual who provides child care services in the child or children's own home.

Licensing Division—Department of Education, Licensing Division.

Louisiana Bureau of Criminal Identification and Information (Bureau)—bureau within the Office of State Police that maintains a central repository of criminal history record information in Louisiana.

* * *

Military Child Care Center—child care centers licensed by the U.S. Department of Defense.

Parent—includes parent, legal custodian or other person standing in *loco parentis*.

* * *

Relative or Related—the child, grandchild, niece, or nephew of the family child care provider.

School Child Care Center—prekindergarten, before and after school programs, and summer programs operated by public schools and BESE-approved nonpublic schools.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

Chapter 3. CCAP Provider Certification

§301. Certification of Child Care Provider's Eligibility for Participation in CCAP

A. A child care provider must be certified by the Department of Education (department) as eligible for participation in the Child Care Assistance Program (CCAP) in order to become a CCAP provider and receive CCAP payments. No CCAP payments may be made to a child care provider until the provider is certified by the department.

B. To be certified as a CCAP provider, a child care provider must meet all general and specific certification requirements set forth in this Chapter.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§303. Types of Child Care Providers that May Apply for Certification

A. The following types of child care providers may apply for certification:

1. type III early learning centers;
2. family child care providers;
3. in-home child care providers;
4. school child care centers; and
5. military child care centers.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§305. General Certification Requirements for All Child Care Providers

A. To be certified as a CCAP provider, a child care provider must meet the following requirements:

1. provider agreement. Complete and sign a provider agreement furnished by the department and meet all requirements contained therein;
2. email address. Provide a current email address and notify the department immediately upon a change in such email address by submitting a written amendment/change to the provider agreement;
3. time and attendance. Participate in the time and attendance system designated by the department and possess the minimum equipment necessary to operate the system;
4. direct deposit. Provide complete and accurate documentation and information required for direct deposit;
5. photo identification. Provide copies of government-issued photo identification and social security cards for the person signing the provider agreement;
6. mandatory reporting requirements. Comply with all mandatory reporting requirements for suspected cases of child abuse or neglect; and
7. additional requirements. Meet additional requirements for the specific type of child care provider set forth in §§309-317.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§307. Specific Certification Requirements for Type III Early Learning Centers

A. To be certified as a CCAP provider, a type III early learning center must meet the requirements in §305 and have a valid type III early learning center license issued by the Licensing Division pursuant to R.S. 17:407.31 et seq.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§309. Specific Certification and Registration Requirements for Family Child Care Providers

A. To be certified as a CCAP provider, in addition to the requirements in §305, a family child care provider must meet the following requirements, which include but are not limited to the requirements for registration as a family child care provider pursuant to R.S. 17:407.61 et seq.:

1. age. Be at least age 18;
2. number of children in care. Care for no more than six children who are under age 13, or children with special needs who are under age 18;

3. telephone. Have a working telephone that is capable of receiving incoming and making outgoing calls and that is available at all times in the residence in which care is being provided;

4. costs. Pay costs necessary to obtain required criminal background checks;

5. State Fire Marshal. Provide written verification of current State Fire Marshal approval for the residence where care is being provided;

6. state central registry. Provide written certification that the provider, all adults employed in the residence and on the property of the residence where care is provided, and all adults living in the residence where care is provided have not been the subject of a validated finding of child abuse or neglect by completing a state central registry disclosure form;

7. criminal background checks. Provide documentation of a satisfactory fingerprint based criminal background check (CBC) from the Louisiana Bureau of Criminal Identification and Information (bureau) for the provider, all adults employed in the residence and on the property of the residence where care is provided, and all adults living in the residence where care is provided;

a. electronic fingerprints shall be used in all parishes where they are available;

b. a satisfactory CBC is one that shows no arrests for any crime listed in R.S. 5:587.1(C), or if such an arrest is shown, the CBC or documentation from the jurisdiction of arrest affirmatively shows that the charges were disposed of without a conviction. A plea of guilty or *nolo contendere* shall be deemed to be a conviction;

8. CPR. Provide documentation of current certification in infant, child and adult CPR;

9. pediatric first aid. Provide documentation of current certification in pediatric first aid;

10. orientation training. Within six months of initial certification, complete the following training, maintain documentation verifying completion of the training, and make the documentation available for inspection upon request by the department:

a. a four hour training that includes, at a minimum, information on recordkeeping, recognizing signs of child abuse, child abuse prevention and mandatory reporting of suspected cases of child abuse or neglect, communicating with parents, age appropriate activities for young children, child development, child safety and nutritional needs of children;

b. training that includes information on the following:

- i. prevention and control of infectious disease;
- ii. immunization schedules and requirements;
- iii. prevention of sudden infant death syndrome and use of safe sleeping practices;
- iv. prevention of and response to emergencies due to food and allergic reactions; and
- v. prevention of shaken baby syndrome and abusive head trauma;

c. if medication is administered to children in care, medication administration training completed with a qualified health and safety professional, a child care health consultant, approved by DHH to provided training,

consultation, and technical assistance child care providers on health and safety topics every two years;

11. annual training. Annually complete 12 clock hours of training in job-related subject areas approved by the department. Documentation verifying completion of the required training shall be maintained by the provider and made available for inspection upon request by the department. Orientation training counts toward the annual training requirement in the certification period taken;

12. transportation. If transportation is provided, the provider shall use child safety restraints required by law, take precautions necessary to ensure the safety of children being transported, and develop emergency procedures and actions to be taken in the event of an accident or breakdown;

13. parental consent. Obtain written permission from a parent to administer medication to a child in care;

14. immunizations. Obtain satisfactory evidence of immunization against, or an immunization program in progress, for vaccine-preventable diseases for each child in care, according to the schedule approved by the Office of Public Health, Department of Health and Hospitals;

a. If vaccination is contraindicated for medical reasons, the parent shall provide a written statement from a physician indicating said medical reasons; or

b. if the parent objects to the immunizations for any other reason, the parent shall provide a written statement of dissent;

15. hazardous materials. Keep items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils in a secure place that is inaccessible to children;

16. building and physical premises. Identify and protect children from safety hazards in the residence and on the premises, such as uncovered electrical outlets, strings and cords, bodies of water, and vehicular traffic;

17. emergency planning. Have appropriate emergency phone numbers, such as fire and police, hospitals and Louisiana Poison Control, and the physical address and phone number for the residence in which care is provided posted in a prominent, easily visible location, and have a written emergency plan that protects children in the event of fire, flood, storm, hurricane, tornado, and snow and ice;

18. first aid supplies. Maintain first aid supplies in the residence; and

19. inspections. Allow inspection of the residence where care is provided by department staff and other authorized inspection personnel and parents of children in care, during normal working hours and when children are in care.

B. Family child care providers receiving CCAP payments or certified to receive CCAP payments shall be inspected no less than annually by department staff or other authorized inspection personnel.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§311. Specific Certification Requirements for In-Home Child Care Providers

A. To be certified as a CCAP provider, in addition to the requirements in §305, an in-home care provider must meet the following requirements, which include but are not

limited to the requirements for registration as an in-home provider pursuant to R.S. 17:407.61 et seq.:

1. age. Be at least age 18;

2. telephone. Have a working telephone that is capable of receiving incoming and making outgoing calls and that is available at all times in the home in which care is being provided;

3. costs. Pay costs necessary to obtain required criminal background checks;

4. State Fire Marshal. Provide written verification of current State Fire Marshal approval for the home where care is being provided;

5. state central registry. Provide written certification that the provider, all adults employed in the home and on the property of the home where care is provided, and all non-caregiver adults living in the home where care is provided have not been the subject of a validated finding of child abuse or neglect by completing a state central registry disclosure form;

6. criminal background checks. Provide documentation of a satisfactory fingerprint based criminal background check (CBC) from the Louisiana Bureau of Criminal Identification and Information (bureau) for the provider, all adults employed in the home and on the property of the home where care is provided, and all non-caregiver adults living in the home where care is provided;

a. electronic fingerprints shall be used in all parishes where they are available;

b. a satisfactory CBC is one that shows no arrests for any crime listed in R.S. 5:587.1(C), or if such an arrest is shown, the CBC or documentation from the jurisdiction of arrest affirmatively shows that the charges were disposed of without a conviction. A plea of guilty or *nolo contendere* shall be deemed to be a conviction;

7. CPR. Provide documentation of current certification in infant, child and adult CPR;

8. pediatric first aid. Provide documentation of current certification in pediatric first aid;

9. orientation training. Within six months of initial certification, complete training on the following. Documentation verifying completion of the trainings shall be maintained by the provider and available for inspection upon request by the department;

a. a four hour training that includes at a minimum, information on recordkeeping, recognizing signs of child abuse, child abuse prevention and mandatory reporting of suspected cases of child abuse or neglect, communicating with parents, age appropriate activities for young children, child development, child safety and nutritional needs of children;

b. training that includes information on the following:

i. prevention and control of infectious disease;

ii. immunization schedules and requirements;

iii. prevention of sudden infant death syndrome and use of safe sleeping practices;

iv. prevention of and response to emergencies due to food and allergic reactions; and

v. prevention of shaken baby syndrome and abusive head trauma; and

c. if medication is administered to children in care, medication administration training completed with a

qualified health and safety professional, a child care health consultant, approved by DHH to provided training, consultation, and technical assistance to child care providers on health and safety topics every two years;

10. annual training. Annually complete 12 clock hours of training in job-related subject areas approved by the department. Documentation verifying completion of the required training shall be maintained by the provider and made available for inspection upon request by the department. Orientation training counts toward the annual training requirement in the certification period taken;

11. transportation. If transportation is provided, the providers shall use child safety restraints required by law, take precautions necessary to ensure the safety of children being transported, and develop emergency procedures and actions to be taken in the event of an accident or breakdown;

12. parental consent. Obtain written permission from a parent to administer medication to a child in care;

13. immunizations. Obtain satisfactory evidence of immunization against, or of an immunization program in progress, for vaccine-preventable diseases for each child in care, according to the schedule approved by the Office of Public Health, Department of Health and Hospitals;

a. if vaccination is contraindicated for medical reasons, the parent shall provide a written statement from a physician indicating said medical reasons; or

b. if the parent objects to the immunizations for any other reason, the parent shall provide a written statement of dissent;

14. hazardous materials. Keep items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils in a secure place that is inaccessible to children;

15. building and physical premises. Identify and protect children from safety hazards in the home and on the premises, such as uncovered electrical outlets, strings and cords, bodies of water, and vehicular traffic;

16. emergency planning. Have appropriate emergency phone numbers, such as fire and police, hospitals and Louisiana Poison Control, and the physical address and phone number for the home in which care is provided posted in a prominent, easily visible location, and have a written emergency plan that protects children in the event of fire, flood, storm, hurricane, tornado, and snow and ice;

17. first aid supplies. Maintain first aid supplies in the home; and

18. inspections. Allow inspection of the home where care is provided by department staff and other authorized inspection personnel during normal working hours and when children are in care.

B. In-home child care providers receiving CCAP payments or certified to receive CCAP payments shall be inspected no less than annually by department staff or other authorized inspection personnel.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§313. Specific Certification Requirements for Public and BESE-approved Nonpublic School Programs

A. To be certified as a CCAP provider, a public or BESE-approved nonpublic school provider must meet the requirements in §305, and in addition, a BESE-approved nonpublic school must also be Brumfield v. Dodd-approved.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§315. Specific Certification Requirements for Military Child Care Centers

A. To be certified as a CCAP provider, a military child care center must meet the requirements in §305 and have a valid child care license issued by the U.S. Department of Defense.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§317. Individuals and Entities Not Eligible for Certification as CCAP Providers

A. Type I or type II early learning center; or

B. Child care providers providing care outside of the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§319. Caregiver's Ineligibility for CCAP Payments

A. A caregiver, even if certified, may not receive CCAP payments for the caregiver's own children, foster children, or other children in the caregiver's custody.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§321. Revocation or Refusal of Renewal of Certification and Ineligibility Periods for Providers

A. The department may revoke or refuse renewal of a provider's certification and impose a period of ineligibility on the provider for program violations, which include but are not limited to the following:

1. violation of any provision of this Chapter;

2. violation of any terms of the CCAP provider agreement;

3. any act of fraud, such as the submission of false or altered documents or information, intentionally making a false or misleading statement, or misrepresenting, concealing, or withholding relevant fact;

4. failure to take steps or actions necessary to ensure the health, safety and well-being of children in care;

5. failure to report a known or suspected incident of abuse or neglect to child welfare authorities;

6. denial of center access to department staff or representatives or failure or refusal to cooperate with department staff in the performance of official duties;

7. failure to timely comply with a corrective action plan approved by the department;

8. failure to timely return any overpayment of child care assistance funds; or

9. failure to make timely restitution.

B. When certification is revoked or renewal is refused, the department shall notify the provider in writing of the revocation or denial of renewal, and of the provider's ineligibility period, which may be 12 months, 24 months, or permanently.

C. Where the department determines a violation need not result in the revocation of or refusal to renew the provider's certification, the department may:

1. for the first violation, issue a written notice of violation that informs provider that continued or additional violations may result in the revocation or refusal to renew certification and a period of ineligibility;

2. for the second violation, issue a second written notice of violation that includes a corrective action plan (CAP) that outlines the required actions that must be implemented or completed immediately and notice that failure to timely complete the CAP or additional or continued violations may result in the revocation or refusal to renew certification and a period of ineligibility; and

3. for the third violation, terminate certification and impose a period of ineligibility of 12 months, 24 months or permanently.

D. If certification is revoked or renewal is refused, the action shall become effective when the provider is notified in writing. The written notice shall give the reason for revocation or refusal to renew certification.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

Chapter 13. Quality Start Child Care Rating System **[Formerly Chapter 3]**

§1301. Authority **[Formerly §301]**

A. The quality start child care rating system is established and administered by the department under the authority of state and federal laws.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§1303. Definitions **[Formerly §303]**

Approved Courses—courses that are deemed approved by the department.

Assistant Directors—must be on site for a minimum of 20 hours per week for centers with an enrollment of 101 or more.

Assistant Teachers—any staff who cares for children in a classroom setting who can be assessed using the ITERS-R/ECERS-R and works at least 16 hours per week in the center.

Child Development Associate (CDA) Credential—a nationally recognized credential which can be used to meet staff qualification requirements.

Director—an administrator who meets the director qualifications as outlined in BESE Bulletin 137, §1709 and

is on site a minimum of 30 hours per week during operating hours when children are present.

Early Childhood Environment Rating Scale-Revised (ECERS-R)—a research-based assessment tool that measures environmental indicators of quality in preschool classrooms with children ages 2.5-5 years of age.

Environment Rating Scales (ERS)—the assessment tools developed at Frank Porter Graham Child Development Institute at the University of North Carolina that measure environmental indicators of quality. They include the infant toddler environment rating scale-revised (ITERS-R) and the early childhood environment rating scale-revised (ECERS-R), as well as the school age care environment rating scale (SACERS) for school age programs, and the family child care environment rating scale-revised (FCCERS-R) for family child care homes. Only the ITERS-R/ECERS-R apply for purposes of the quality start child care rating system at this time.

Group—those children who are assigned for most of the day to a specific teacher and who occupy an individual classroom or well defined space that prevents intermingling of children from different groups within a larger group or area.

Infant Toddler Environment Rating Scale-Revised (ITERS-R)—a research-based assessment tool that measures environmental indicators of quality in preschool classrooms with children 0-2.5 years of age.

Lead Teacher—a teacher who has primary responsibility for a designated classroom that can be assessed using the ITERS-R/ECERS-R, including planning and supervision, and spends at least 25 hours a week in that classroom. All classrooms must have a lead teacher.

Quality Start Child Care Rating System Points—points given in the program, staff qualifications, administration practices, and family and community involvement areas. All items within a point must be verified to receive credit. The total points earned determine the star award at star rating three, four, and five.

Service Period—the months within the calendar quarter for which a child received care.

Social Emotional Subscales of the Environment Rating Scales—a subscale of the ECERS-R and ITERS-R generated by the scores earned on the language-reasoning, interaction and program structure subscales of the ECERS-R and the listening and talking, interaction and program structure subscales of the ITERS-R. This new subscale score will be used to determine the ERS score for program points 1-4.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§1305. Quality Start Child Care Rating System Requirements **[Formerly §305]**

A. The quality start child care rating system is designed to assess the level of quality of early care and education for programs serving birth through age five, communicate the level of quality, and support improvements of type III early learning centers.

1. The quality start child care rating system consists of five star ratings that can be earned by a licensed type III early learning center, uses licensing as the foundation, and

has four star ratings above Louisiana's type III early learning center licensing standards.

2. The system components (administration practices, family and community involvement, program, and staff qualifications) have indicators that must be achieved to earn the star rating.

3. The state superintendent of education (state superintendent), in specific instances, may waive compliance with a requirement if it is determined that the economic or adverse impact is sufficiently great to make compliance impractical, as long as the health and well-being of the staff and/or children are not imperiled. If it is determined that the facility or individual is meeting or exceeding the intent of a requirement, the requirement may be deemed to be met. The decision to grant or deny a waiver rests with the sole discretion of the state superintendent.

B. One Star. To participate at the one-star level, a type III early learning center shall have a valid type III early learning center license and comply with all laws, regulations and minimum standards applicable to type III early learning centers as set forth in *BESE Bulletin 137—Louisiana Early Learning Center Licensing Regulations*.

C. Two Star. To earn a two-star award, a type III early learning center must meet all the standards for a one star, have been in operation for six months, and meet the following:

1. administration practices:
 - a. written personnel policies including:
 - i. operational hours;
 - ii. dress code;
 - iii. use of telephone; and
 - iv. schedule;
 - b. job descriptions that include a list of qualifications on file and provided to all staff;
 - c. provide one staff benefit from the list of options below for all full-time staff. Staff benefit options:
 - i. employee health insurance or comparable health benefits;
 - ii. paid annual leave;
 - iii. paid sick leave;
 - iv. paid holidays;
 - v. child care benefit/discount;
 - vi. bonus based on merit/achievement or education;
 - vii. retirement compensation;
 - viii. annual increments based on merit;
 - ix. tuition reimbursement and other related educational expenses such as books, travel, fees, substitutes;
 - x. differential shift pay;
 - xi. flextime;
 - xii. pay professional association membership fee;
2. family and community involvement:
 - a. parent provided pre-enrollment visit and center tour;
 - b. give every parent enrolling a child a list of community resources including, but not limited to, LaCHIP, Medicaid, child care assistance, housing assistance, SNAP assistance and information on a child's medical home;
3. program:
 - a. make four of the following activity areas available daily:
 - i. art and creative play;

- ii. children's books;
 - iii. blocks and block building;
 - iv. manipulatives; and
 - v. family living and dramatic play;
- b. complete a self-assessment of the center's program and develop a center improvement plan;
4. staff qualifications:
 - a. directors and teachers must join and maintain a current record with the Louisiana pathways child care career development system. Directors must complete three hours of introduction to environment rating scale (ERS) training;
 - b. director (on site):
 - i. three semester hour credits in care of young children or child development; and
 - ii. three semester hour credits in administration; and
 - iii. one year of experience in teaching young children in an early childhood program;
 - c. assistant director:
 - i. three semester hour credits in the care of young children or child development;
 - d. teacher—75 percent of lead teachers must meet one of the following:
 - i. complete three semester hour credits course in the care of young children or child development from a list of approved courses or enroll in the course and complete the course within one year of employment.

D. Point standards for type III early learning centers seeking three star rating, four star rating, and five star ratings.

1. To achieve a higher rating, a type III early learning center must meet all requirements of the two star rating and earn points in program and staff qualifications by meeting the requirements listed below. At least one point must be earned in both program and staff qualifications. The quality point referenced in Subparagraph 3.c may also be earned. The total number of points will determine the star rating awarded to the center:

Total Number of Points	Star Rating
3-5 points	Three Stars
6-9 points	Four Stars
10-11 points	Five Stars

- a. program:
 - i. criteria for one point:
 - (a). an average of 3.75 on the designated social-emotional subscale of the environment rating scale (ERS), with no one classroom score lower than 3.0 on the subscale;
 - ii. criteria for two points:
 - (a). an average of 4.0 on the designated social-emotional subscale of the ERS with no one classroom score lower than 3.0 on the subscale;
 - iii. criteria for three points:
 - (a). an average of 4.25 on the designated social-emotional subscale of the ERS with no one classroom score lower than 3.25 on the subscale;
- (b). staff: child ratio and group size:
 - (i). 0-12 months 1:4, 8;
 - (ii). 13-24 months 1:6, 12;
 - (iii). 25-36 months 1:8, 16;
 - (iv). 3 years 1:10, 20;

- (v). 4 years 1:12, 24;
- (vi). 5 years 1:15, 30;
- (c). written transition procedures for children moving within a program or to other programs or beginning school;
- iv. criteria for four points:
 - (a). an average of 4.5 on the designated social-emotional subscale of the ERS with no one classroom score lower than 3.5 on the overall ERS;
 - (b). complete screening for social-emotional development with instrument from recommended list for all children (0-5 yrs.) within 45 calendar days of enrollment and annually thereafter. Conference with parents to review results and provide a list of community resources;
 - (c). staff: child ratio and group size:
 - (i). 0-12 months 1:4, 8;
 - (ii). 13-24 months 1:6, 12;
 - (iii). 25-36 months 1:8, 16;
 - (iv). 3 years 1:10, 20;
 - (v). 4 years 1:12, 24;
 - (vi). 5 years 1:15, 30;
 - (d). written transition procedures for children moving within a program or to other programs or beginning school;
- v. criteria for five points:
 - (a). an average of 5.0 on the overall ERS, with no one classroom score lower than 4.0;
 - (b). complete screening for social-emotional development with instrument from recommended list for all children (0-5 yrs.) within 45 calendar days of enrollment and annually thereafter. Conference with parents to review results and provide a list of community resources;
 - (c). provide a plan for continuity of care for all children 0-36 months of age;
 - (d). implementation of Louisiana's standards for early childhood care and education programs serving children birth-five years found in BESE *Bulletin 136—Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years*;
 - (e). staff: child ratio and group size:
 - (i). 0-24 months 1:4, 8;
 - (ii). 2 years 1:6, 12;
 - (iii). 3 years 1:8, 16;
 - (iv). 4 years 1:10, 20;
 - (v). 5 years 1:10, 20;
- b. staff qualifications:
 - i. criteria for one point:
 - (a). directors and all lead teachers complete training in Louisiana's standards for early childhood care and education programs serving children birth-five years found in BESE *Bulletin 136—Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years*;
 - (b). director (on site):
 - (i). six semester hour credits in the care of young children or child development; and
 - (ii). three semester hour credits in administrative coursework; and
 - (iii). one year experience teaching young children in an early childhood program;
 - (c). assistant director:

- (i). three semester hour credits in the care of young children or child development;
- (d). lead teacher:
 - (i). all of lead teachers must complete three semester hour credits in the care of young children or child development from a list of approved courses or enroll in the course and complete the course within one year of employment;
 - (e). assistant teacher:
 - (i). fifty percent of assistant teachers must have completed or be enrolled in three semester hour credits in the care of young children or child development and complete the course within one year of employment;
 - ii. criteria for two points:
 - (a). directors and all lead teachers complete training in Louisiana's standards for early childhood care and education programs serving children birth-five years found in BESE *Bulletin 136—Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years*;
 - (b). director:
 - (i). nine semester hour credits in the care of young children or child development; and
 - (ii). three semester hour credits in administrative coursework; and
 - (iii). one year of teaching experience and one year teaching or administrative experience in an early childhood program;
 - (c). assistant director:
 - (i). three semester hour credits in the care of young children or child development; and
 - (ii). three semester hour credits in administrative coursework; and
 - (iii). one year experience in teaching young children in an early childhood program;
 - (d). lead teacher:
 - (i). seventy-five percent of lead teachers must have completed six semester hour credits in the care of young children or child development from a list of approved courses or have completed three semester hour credits and be enrolled in an additional three semester hour credits in the care of young children, child development or related coursework and complete the course within one year of employment; and
 - (ii). one year full-time experience in an early childhood setting;
 - (e). assistant teacher:
 - (i). fifty percent of assistant teachers must have completed or be enrolled in three semester hour credits in the care of young children or child development and complete the course within one year of employment;
 - iii. criteria for three points:
 - (a). directors and all teachers complete training in Louisiana's standards for early childhood care and education programs serving children birth-five years found in BESE *Bulletin 136—Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years*;
 - (b). director:
 - (i). twelve semester hour credits in the care of young children or child development; and

(ii). six semester hour credits of administrative coursework; and

(iii). three years experience in an early childhood setting as follows: At least one year of teaching experience and at least one year of administrative experience and one year of either teaching or administrative experience;

(c). assistant director:

(i). three semester hour credits in the care of young children or child development; and

(ii). three semester hour credits in administrative coursework; and

(iii). one year experience in teaching young children in an early childhood program;

(d). lead teacher:

(i). seventy-five percent of lead teachers must have completed nine semester hour credits in the care of young children or child development from a list of approved courses or have completed six semester hour credits and be enrolled in an additional three semester hour credits in the care of young children, child development or related coursework and complete the course within one year of employment; and

(ii). one year full-time experience in an early childhood setting;

(e). assistant teacher:

(i). fifty percent of assistant teachers must have completed three semester hour credits in the care of young children or child development;

iv. criteria for four points:

(a). directors and all teachers complete training in Louisiana's standards for early childhood care and education programs serving children birth-five years found in *BESE Bulletin 136—Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years*;

(b). directors:

(i). fifteen semester hour credits in the care of young children or child development; and

(ii). six semester hour credits of administrative coursework; and

(iii). four years experience in an early childhood setting as follows: At least one year of teaching experience and at least one year of administrative experience and two years of either teaching or administrative experience;

(c). assistant directors:

(i). three semester hour credits in the care of young children or child development; and

(ii). three semester hour credits in administrative coursework; and

(iii). one year experience in teaching young children in an early childhood program;

(d). lead teachers:

(i). seventy-five percent of lead teachers must have completed 12 semester hour credits in the care of young children or child development from a list of approved courses or have completed nine semester hour credits and be enrolled in an additional three semester hour credits in the care of young children, child development or related coursework and complete the course within one year of employment; and

(ii). two years full-time experience in an early childhood setting;

(e). assistant teachers:

(i). all assistant teachers must have completed three semester hour credits in the care of young children or child development;

v. criteria for five points:

(a). directors and all teachers complete training in Louisiana's standards for early childhood care and education programs serving children birth-five years found in *BESE Bulletin 136—Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years*;

(b). director:

(i). associate's degree in the care of young children, child development or related field, with specific coursework in infant-toddler care, and the care of exceptional children or equivalent such as director III LA pathways; and

(ii). six semester hour credits of administrative coursework and five years experience in an early childhood setting as follows: at least one year of teaching experience and at least one year of administrative experience, and three years of either teaching or administrative experience;

(c). assistant director:

(i). six semester hour credits in the care of young children or child development; and

(ii). three semester hour credits in administration; and

(iii). one year experience in teaching young children in an early childhood program;

(d). lead teacher:

(i). all lead teachers must have six semester hour credits in the care of young children or child development from a list of approved courses; and

(ii). seventy-five percent of lead teachers must have completed 15 semester hour credits in the care of young children or child development from a list of approved courses or have completed 12 semester hour credits and be enrolled in an additional three semester hour credits in the care of young children, child development or related coursework and complete the course within one year of employment; and

(iii). two years full-time experience in an early childhood setting for all teachers;

(e). assistant teachers:

(i). all assistant teachers must have completed six semester hour credits in the care of young children or child development or have completed three semester hour credits and be enrolled in an additional three semester hour credits in the care of young children, child development or related coursework and complete the course within one year of employment;

c. one additional quality point can be earned by meeting additional requirements in both the administration practices and the family and community involvement areas:

i. administration practices. Meet three requirements below:

(a). provide four of the benefits from the list of options below for all full-time staff;

(b). include grievance procedure and a professional conduct code for staff in written personnel policies;

(c). pay scale based on education, experience, responsibilities and merit;

(d). provide training to staff on cultural sensitivity;

(e). written parent and staff confidentiality policy and provide training to staff;

ii. family and community involvement. Meet four requirements below:

(a). director or assistant director participates annually in at least two director's meetings provided by the resource and referral agency;

(b). provide a complaint process for parents;

(c). offer opportunity for a formal parent/teacher conference meeting annually;

(d). provide an expanded list of local community resources to parents annually including, but not limited to, LaCHIP, Medicaid, child care assistance, housing assistance, snap assistance and information on a child's medical home;

(e). parent advisory council meets annually to review policies, procedures and parent handbook;

(f). one group meeting per year offered to all families;

(g). one parent education workshop offered per year by center or other agency.

E. Substitutions. The following reference program criteria and staff qualifications in this Section.

1. Substitutions for Credits in the Care of Young Children

a. The following may be substituted to meet this requirement of three semester hour credits in the care of young children or child development:

i. a current CDA or have approved high school child development courses;

ii. have five years full-time experience in an early childhood program; or

iii. have completed a child care assistant teacher 1 LA pathways classroom certificate.

b. The following may be used to meet the requirement of up to six semester hour credits in the care of young children or child development:

i. current CDA; or

ii. have completed a child care assistant teacher 2 LA pathways classroom certificate.

c. An individual may use the above substitutions to meet the requirements for a maximum of six semester hour credits.

2. The following may be substituted to meet the requirement for three semester hour credits in administration:

a. LA pathways administrator certificate;

b. national administrator credential (NAC); or

c. three years experience in administration or a combination of one year in administration experience and four years in teaching young children in an early childhood program.

NOTE: For Director Qualification: Experience in teaching young children or administration may only be substituted one time. At the next rating review, the necessary educational requirement (credits in the care of young children or child development or credits in administration) must be met.

3. For the purpose of this document, the designated social-emotional subscale of the ERS is defined as consisting of the following subscales:

a. ITERS-R—listening and talking, interaction and program structure; and

b. ECERS-R—language-reasoning, interaction and program structure.

4. Staff benefits options:

a. employee health insurance or comparable health benefits;

b. paid annual leave; paid sick leave; paid holiday;

c. child care benefit/discount;

d. bonus based on merit/achievement or education;

e. retirement compensation;

f. annual increments based on merit;

g. tuition reimbursement and other related educational expenses such as books, travel, fees, substitutes; and

h. differential shift pay, flextime, paid professional association fee.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§1307. Participation

[Formerly §307]

A. A type III early learning center will complete the application to participate in the quality start child care rating system at one star. If awarded, this will establish the center's initial year in the system.

B. Centers with two to five stars may submit an application for a star(s) six months after the date of award of the current rating or denial of an award. A verification visit will be conducted by the department prior to the award of two or more stars.

C. Quality ratings earned prior to January 1, 2014 will be valid for two years from the date of the star rating award as long as the center continues to qualify for the star rating. Quality ratings earned by type III early learning centers on or after January 1, 2014, shall expire June 30, 2017. Quality ratings earned by type I and type II early learning centers on or after January 1, 2014 shall expire on December 31, 2015. A rating review, which may be a visit or verification of documentation, may be conducted on a percentage of participating centers to ensure continued compliance.

D. Centers that have achieved a star rating may have their rating reviewed and modified, if at any time it becomes known to the department or the department receives information from the center that the type III early learning center no longer meets standards for the center's current star rating award.

E. Centers that have achieved a star rating will have their rating revoked if the child care license is revoked or not renewed.

F. Centers that have achieved a star rating may have their rating revoked, or centers applying may be denied, if it is determined by the department that false or misleading statements or documents have been submitted or misrepresented or relevant facts have been concealed or withheld in order to qualify or maintain a star(s) in the quality start child care rating system or to obtain the school readiness tax credit (SRTC).

G. The provider must reimburse the department for all ineligible benefits received.

H. Participation in the quality start child care rating system is voluntary. There are no administrative appeal rights for providers whose participation is denied or terminated.

I. Centers that have their star award revoked by quality start may be prohibited from participating in quality start for 12 months from the date of revocation of star award.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§1309. Quality Start Child Care Rating System Tiered Bonus Payments
[Formerly §309]

A. Bonus payments will be issued after the end of each calendar quarter to type III early learning centers that care for children receiving assistance from the Child Care Assistance Program and for children in the state's Foster Care Program in accordance with the star rating until June 30, 2016, and may be extended at the department's discretion through June 30, 2017. The payment is equal to a percentage, as defined below, of all child care subsidy payments received by the center from the department for services provided during the service period(s) in that quarter and the center's rating(s):

1. one star—0 percent;
2. two star—3 percent;
3. three star—8 percent;
4. four star—13.5 percent;
5. five star—20 percent.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§1311. Termination
[Formerly §311]

A. The quality start child care rating system shall terminate on June 30, 2017.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 17:407.26.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

Family Impact Statement

In accordance with section 953 and 974 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the state board office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.

2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.

3. Will the proposed Rule affect the functioning of the family? No.

4. Will the proposed Rule affect family earnings and family budget? No.

5. Will the proposed Rule affect the behavior and personal responsibility of children? No.

6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with section 973 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a Poverty Impact Statement on the Rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this Section, the word "poverty" means living at or below 100 percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial security? No.

2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? Yes.

3. Will the proposed Rule affect employment and workforce development? No.

4. Will the proposed Rule affect taxes and tax credits? No.

5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? No.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Provider Impact Statement

The proposed Rule should not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the effect on the staffing level requirements or qualifications required to provide the same level of service;

2. the total direct and indirect effect on the cost to the providers to provide the same level of service; or

3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., June 8, 2015, to Shan N. Davis, Board of Elementary and Secondary Education, P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Shan N. Davis
Executive Director

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Bulletin 139—Louisiana Child Care and
Development Fund Programs**

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO
STATE OR LOCAL GOVERNMENT UNITS (Summary)**

The proposed policy will have no effect on costs or savings to state or local governmental units over the next two fiscal years. The fiscal impact for FY 2017-2018 and beyond is indeterminable as the DOE has not yet promulgated rules for the replacement of the Quality Start Rating Program, which will terminate on June 30, 2017.

The proposed revisions partially incorporate provisions for the Child Care Assistance Program (CCAP) into the DOE rules governing the Louisiana Child Care and Development Fund Program (CCDF) and the Quality Start Rating System. The proposed revisions establish criteria for the Provider Certification (e.g., family child day care home, or in-home, etc.) as eligible to receive child care assistance payments on behalf of eligible families. Future revisions will provide for the full incorporation of CCAP guidelines into the CCDF Program rules.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE
OR LOCAL GOVERNMENTAL UNITS (Summary)**

This policy will have no effect on revenue collections of state or local governmental units.

**III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO
DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL
GROUPS (Summary)**

There will be no estimated cost and/or economic benefit to directly affected persons or non-governmental groups.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)**

This policy will have no effect on competition and employment.

Beth Scioneaux
Deputy Superintendent
1505#012

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 741—Louisiana Handbook for
School Administrators (LAC 28:CXV.Chapter 23)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement revisions to *Bulletin 741—Louisiana Handbook for School Administrators*: §2318, The TOPS University Diploma; §2319, The Career Diploma; §2320, Career Diploma Pathway for Students Assessed on the Louisiana Alternate Assessment, Level 1 (LAA 1); and §2321, Senior Projects. The proposed revisions include an adjustment to the student population permitted to factor End of Course test scores as 5 percent of the final course grade. Previously, this provision only applied to students eligible for the Louisiana Alternate Assessment, Level 2 (LAA 2). Since the LAA 2 has been eliminated, the provision will now apply to students who meet the Act 833 (2014) eligibility criteria. Additionally, the policy revisions create a diploma option attainable by students with the most significant cognitive and/or adaptive disabilities who are evaluated on

the alternate standards through LAA 1. The diploma requirements include academic, assessment, workforce-readiness, and transition components and mirror the traditional diploma pathways, to the extent possible, while allowing for the individualization necessary for this population of students.

Title 28

EDUCATION

**Part CXV. Bulletin 741—Louisiana Handbook for
School Administrators**

Chapter 23. Curriculum and Instruction

Subchapter A. Standards and Curricula

§2318. The TOPS University Diploma

A. - B.2.b. ...

3. Students enrolled in a course for which there is an EOC test must take the EOC test.

a. The EOC test score shall count a percentage of the student's final grade for the course.

b. The percentage shall be between 15 percent and 30 percent inclusive, and shall be determined by the LEA.

i. For students with disabilities identified under IDEA who meet the participation criteria found in *Bulletin 1530—Louisiana's IEP Handbook for Students with Exceptionalities*: §405.B and R.S. 17:183.2, the EOC test score shall count for 5 percent of the students' final grade for the course.

c. The grades assigned for the EOC test achievement levels shall be as follows.

EOC Achievement Level	Grade
Excellent	A
Good	B
Fair	C
Needs Improvement	D or F

d. The DOE will provide conversion charts for various grading scales used by LEAs.

B.4. - C.6.a.vi. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7, R.S. 17:24.4, R.S. 17:183.2, and R.S. 17:395.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1291 (June 2005), amended LR 31:2211 (September 2005), LR 31:3070 (December 2005), LR 31:3072 (December 2005), LR 32:1414 (August 2006), LR 33:429 (March 2007), LR 33:432 (March 2007), LR 33:2050 (October 2007), LR 33:2354 (November 2007), LR 33:2601 (December 2007), LR 34:1607 (August 2008), LR 36:1486 (July 2010), LR 37:547 (February 2011), LR 37:1128 (April 2011), LR 37:2129 (July 2011), LR 37:2132 (July 2011), LR 37:3193 (November 2011), LR 38:754, 761 (March 2012), LR 38:1001 (April 2012), LR 38:1584 (July 2012), LR 40:994 (May 2014), LR 40:1328 (July 2014), LR 40:1679 (September 2014), LR 40:2525 (December 2014), LR 41:

§2319. The Career Diploma

A. Curriculum and Entrance Requirements

1. The 23 units required for the career diploma shall include academic credits and a sequence of seven credits in career and technical education for incoming freshmen prior to 2014-2015 or participation in approved training programs that lead to an approved industry-based credential for incoming freshmen in 2014-15 and beyond.

2. Students with exceptionalities assessed on the regular academic content standards who meet certain requirements may attain a career diploma by meeting the

requirements of their IEP. See *Bulletin 1530—Louisiana’s IEP Handbook for Students with Exceptionalities*. Students with exceptionalities assessed on the alternate academic content standards may attain a career diploma by meeting the requirements in §2320 of this bulletin.

B. - B.2.b. ...

3. Students enrolled in a course for which there is an EOC test must take the EOC test.

a. The EOC test score shall count a percentage of the student’s final grade for the course.

b. The percentage shall be between 15 percent and 30 percent inclusive, and shall be determined by the LEA.

i. For students with disabilities identified under IDEA who meet the participation criteria found in *Bulletin 1530—Louisiana’s IEP Handbook for Students with Exceptionalities*: §405.B and R.S. 17:183.2, the EOC test score shall count for 5 percent of the students’ final grade for the course.

c. The grades assigned for the EOC test achievement levels shall be as follows.

EOC Achievement Level	Grade
Excellent	A
Good	B
Fair	C
Needs Improvement	D or F

d. The DOE will provide conversion charts for various grading scales used by LEAs.

B.4. - C.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7, R.S. 17:24.4, R.S. 17:183.2, R.S. 17:183.3, R.S. 17:274, R.S. 17:274.1, and R.S. 17:395.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1291 (June 2005), amended LR 31:2211 (September 2005), LR 31:3070 (December 2005), LR 31:3072 (December 2005), LR 32:1414 (August 2006), LR 33:429 (March 2007), LR 33:432 (March 2007), LR 33:2050 (October 2007), LR 33:2354 (November 2007), LR 33:2601 (December 2007), LR 34:1607 (August 2008), LR 35:1230 (July 2009), LR 35:1876 (September 2009), LR 35:2321 (November 2009), LR 35:2750 (December 2009), LR 36:1490 (July 2010), LR 37:548 (February 2011), LR 37:1130 (April 2011), LR 37:2130 (July 2011), LR 37:3197 (November 2011), LR 38:761 (March 2012), LR 38:1005 (April 2012), LR 40:2522 (December 2014), LR 41:

§2320. Career Diploma Pathway for Students Assessed on the Louisiana Alternate Assessment, Level 1 (LAA 1)

A. Introduction

1. Students who meet the participation criteria for the LAA 1 test in *Bulletin 1530—Louisiana’s IEP Handbook for Students with Exceptionalities* shall be eligible for a career diploma by satisfying the pathway requirements detailed in this Section.

2. This diploma pathway does not meet the federal definition of a standard high school diploma and students who receive the career diploma based on the pathway in this Section will remain eligible for special education and related services until the end of the school year in which they turn 22.

B. Course Requirement

1. The 23 course credits required for this diploma pathway shall include core academic courses, elective courses, and workforce-readiness or career courses as follows:

- a. English—4 courses;
- b. mathematics—4 courses;
- c. science—2 courses;
- d. social studies—2 courses;
- e. workforce-readiness and career—7-9 courses;
- f. electives (may include health and physical education)—2-4 courses;
- g. total—minimum of 23 courses.

2. Enrollment in Carnegie credit bearing courses and applied courses shall count toward the course credit requirement. The student’s educational placement shall be determined by the IEP team and meet the least restrictive environment regulations found in *Bulletin 1706—Regulations for Implementation of the Children with Exceptionalities Act*.

C. Assessment Requirement

1. All students shall participate in the high school assessment sequence of the LAA 1.

2. Students shall meet one of the two assessment requirements below in English language arts and mathematics to earn a career diploma:

a. students shall earn a score of exceeds standards or meets standards on the LAA 1; or

b. students shall demonstrate growth on the alternate standards through a portfolio of student achievement developed by the IEP team.

i. Portfolios shall include student data illustrating academic achievement and attainment of IEP goals throughout the student’s high school experience.

ii. Portfolios shall be evaluated for completion by the district special education director or his designee.

iii. The end of the student’s fourth year of high school is the earliest a portfolio may be evaluated to meet this requirement and must include data from all four years.

D. Workforce-Readiness and Career Education Requirement

1. Career diploma workforce-readiness and career education programs for students assessed on the LAA 1 shall include:

a. a survey to determine the student’s career interests;

b. hands-on workplace experiences that are, to the extent practicable, tied to the student’s interests and based in the community; and

c. career-focused courses including, but not limited to, foundational workplace skills.

2. Students shall meet the following requirements:

a. a minimum of seven courses focused on workforce-readiness and career preparation;

b. a score, determined by the IEP team, on a workforce-readiness skills assessment; and

c. attainment of at least one workforce-related IEP goal.

E. Transition Requirement

1. By the end of the eighth grade, the special education teacher serving on the student's IEP team shall develop, in consultation with a school counselor, an individual graduation plan for the student to be approved by IEP team prior to the student's start of ninth grade.

2. The individual graduation plan shall include a post-secondary career goal, a course sequence and workplace experience plan tied to the post-secondary goal, and the courses to be taken in the first year of high school,

3. The individual graduation plan shall be annually reviewed by the IEP team and any necessary adjustments shall be made.

4. Prior to the student exiting the school system, the IEP team shall create a detailed transition plan that meets one of the following:

a. employment in integrated, inclusive work environments, based on the student's abilities and local employment opportunities, in addition to sufficient self-help skills to enable the student to maintain employment without direct or continuous educational support from the school district;

b. demonstrated mastery of specific employability skills and self-help skills that indicate that he does not require direct and continuous educational support from the school district; or

c. access to services that are not within the legal responsibility of public education or employment or educational options for which the student has been prepared by the academic program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7, R.S. 17:24.4, R.S. 17:183.2, R.S. 17:183.3, R.S. 17:274, R.S. 17:274.1, and R.S. 17:395.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:

§2321. Senior Projects

[Formerly §2320]

A. A senior project is a focused rigorous independent learning experience completed during the student's year of projected graduation from high school.

B. Each LEA allowing students to complete a senior project in partial fulfillment of the requirements for an academic endorsement shall develop local policy for senior projects that includes these requirements.

1. Each student must choose a challenging topic of interest approved by their parents or guardians and the school-level senior project committee.

2. Each student must have a senior project mentor.

3. Students must successfully complete the four components listed below with a score of satisfactory or higher on each component. The components will be evaluated locally using rubrics provided by the DOE:

a. research paper of 8 to 10 pages on an approved topic of the student's choice;

b. product or service related to the research requiring at least 20 hours of work;

c. portfolio that documents and reflects the senior project process;

d. presentation to a panel of three to five adults from the community and school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7, R.S. 17:24.4, R.S. 17:183.2, and R.S. 17:395.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:240 (February 2006), repromulgated LR 41:

Family Impact Statement

In accordance with section 953 and 974 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the state board office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.

2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.

3. Will the proposed Rule affect the functioning of the family? No.

4. Will the proposed Rule affect family earnings and family budget? No.

5. Will the proposed Rule affect the behavior and personal responsibility of children? No.

6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with section 973 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a Poverty Impact Statement on the Rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this Section, the word "poverty" means living at or below 100 percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial security? No.

2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? Yes.

3. Will the proposed Rule affect employment and workforce development? No.

4. Will the proposed Rule affect taxes and tax credits? No.

5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? No.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Provider Impact Statement

The proposed Rule should not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the effect on the staffing level requirements or qualifications required to provide the same level of service;
2. the total direct and indirect effect on the cost to the providers to provide the same level of service; or
3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., June 8, 2015, to Shan N. Davis, Board of Elementary and Secondary Education, P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Shan N. Davis
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Bulletin 741—Louisiana Handbook for School Administrators

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy revision will have no effect on costs or savings to state or local governmental units.

The proposed revisions include an adjustment to the student population permitted to factor End of Course test scores as five percent of the final course grade. Previously, this provision only applied to students eligible for the Louisiana Alternate Assessment, Level 2 (LAA 2). Since the LAA 2 has been eliminated, the provision will now apply to students who meet the Act 833 of the 2014 Legislative Session eligibility criteria. Additionally, the policy revisions create a diploma option attainable by students with the most significant cognitive and/or adaptive disabilities who are evaluated on the alternate standards through LAA 1. The diploma requirements include academic, assessment, workforce-readiness, and transition components and mirror the traditional diploma pathways, to the extent possible, while allowing for the individualization necessary for this population of students.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

This policy will have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be no estimated cost and/or economic benefit to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This policy will have no effect on competition and employment.

Beth Scioneaux
Deputy Superintendent
1505#013

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 741 (Nonpublic)—Louisiana Handbook for
Nonpublic School Administrators
(LAC 28:LXXIX.2108, 2109, and 3303)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement revisions to *Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators*: §2108, Adding Electives to the Program of Studies-Middle and Secondary; §2109, High School Graduation Requirements; and §3303, Definitions. The proposed revisions add a Section regarding the addition of electives to a program of study that mirrors the policy in the public version of Bulletin 741. Additionally, the revisions correct the effective date for the basic Core eligibility.

Title 28

EDUCATION

Part LXXIX. Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators Chapter 21. Curriculum and Instruction Subchapter C. Secondary Schools §2108. Adding Electives to the Program of Studies- Middle and Secondary

A. A school or school system shall develop a process for approving elective courses. This process shall ensure alignment with the curriculum and compliance with current BESE policy.

1. Electives shall enhance, expand, and/or refine the core curriculum. Elective courses shall not replace, duplicate, or significantly overlap the content of core curriculum or other approved electives.

2. Electives shall meet specific curricular goals of the school or school system.

3. Electives shall include challenging content that require students to extend the knowledge and skills acquired through the core curriculum.

B. Each school or school system shall maintain records of all approved electives.

C. LDE reserves the authority to require the school or school system to submit documentation regarding the course content, approval process and/or course evaluation of any approved elective.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7 and R.S. 17:281 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education LR 41:

§2109. High School Graduation Requirements

A. For incoming freshmen in 2009-2010 and beyond, the 24 units required for graduation shall include 16 required units and 8 elective units for the Louisiana Basic Core Curriculum, or 21 required units and 3 elective units for the Louisiana Core 4 Curriculum.

B. For incoming freshmen from 2009-2010 to 2013-2014 who are completing the Louisiana Core 4 Curriculum, the minimum course requirements shall be the following:

1. English—4 units, shall be English I, II, III, and IV;
 2. mathematics—4 units, shall be:
 - a. algebra I (1 unit) or algebra I-Pt. 2;
 - b. geometry;
 - c. algebra II;
 - d. the remaining unit shall come from the following: financial mathematics, math essentials, advanced mathematics-pre-calculus, advanced mathematics-functions and statistics, pre-calculus, calculus, probability and statistics, discrete mathematics, AP calculus BC, or a locally-initiated elective as a math substitute;
 3. science—4 units, shall be:
 - a. biology;
 - b. chemistry;
 - c. 2 units from the following courses: physical science, integrated science, physics I, physics of technology I, aerospace science, biology II, chemistry II, earth science, environmental science, physics II, physics of technology II, agriscience II, anatomy and physiology, or a locally initiated elective as a science substitute;
 - i. students may not take both integrated science and physical science.
 - ii. agriscience I is a prerequisite for agriscience II and is an elective course;
 4. - 9. ...
- C. For incoming freshmen in 2009-2010 through 2013-2014 who are completing the Louisiana Basic Core Curriculum, the minimum course requirements for graduation shall be the following.
- C.1. - E.1.b.ii.(j). ...
- c. science—2 units:
 - i. 1 unit of biology;
 - ii. 1 unit from the following:
 - (a). chemistry I;
 - (b). physical science;
 - (c). earth science;
 - (d). agriscience II;
- NOTE: Agriscience I is a prerequisite for Agriscience II and is an elective course.
- (e). environmental science;
 - (f). any AP or IB science course;
 - d. social studies—2 units:
 - i. 1 of the following:
 - (a). U.S. history;
 - (b). AP U.S. history;
 - (c). IB history of the Americas I;
 - ii. civics; or
 - (a). 1/2 unit of:
 - (i). government; or
 - (ii). AP U.S. government and politics: comparative; or
 - (iii). AP U.S. government and politics: US; and
 - (b). 1/2 unit of:
 - (i). economics; or
 - (ii). AP macroeconomics; or
 - (iii). AP microeconomics;
 - e. health and physical education—2 units;
 - f. at least nine credits in an approved Jump Start course sequence, workplace experience or credentials;
 - g. total—23 units.

F. - F.3.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), (11), and (15), R.S. 17:7(6), R.S. 17:10, R.S. 17:22(6), R.S. 17:391.1-391.10, and R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2351 (November 2003), amended LR 30:2776 (December 2004), LR 31:3081 (December 2005), LR 34:2099 (October 2008), LR 36:2849 (December 2010), LR 37:2142, 2144 (July 2011), repromulgated LR 37:2390 (August 2011), amended LR 37:2597 (September 2011), LR 38:769 (March 2012), LR 38:1008 (April 2012), LR 39:1444 (June 2013), LR 40:1682 (September 2014), LR 40:2535 (December 2014), LR 41:

Chapter 33. Glossary **§3303. Definitions**

* * *

Locally Initiated Elective—an elective course developed by a school or school system according to the standards in §2108.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 and R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary, Education, LR 34:230 (February 2008), amended LR 36:2848 (December 2010), LR 38:1405 (June 2012), LR 39:1457 (June 2013), LR 41:

Family Impact Statement

In accordance with section 953 and 974 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the state board office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.

2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.

3. Will the proposed Rule affect the functioning of the family? No.

4. Will the proposed Rule affect family earnings and family budget? No.

5. Will the proposed Rule affect the behavior and personal responsibility of children? No.

6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with section 973 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a Poverty Impact Statement on the Rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this Section, the word “poverty” means living at or below 100 percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial security? No.

2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? Yes.

3. Will the proposed Rule affect employment and workforce development? No.

4. Will the proposed Rule affect taxes and tax credits? No.

5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? No.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Provider Impact Statement

The proposed Rule should not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the effect on the staffing level requirements or qualifications required to provide the same level of service;
2. the total direct and indirect effect on the cost to the providers to provide the same level of service; or
3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., June 8, 2015, to Shan N. Davis, Board of Elementary and Secondary Education, P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Shan N. Davis
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy revision will have no effect on costs or savings to state or local governmental units.

The proposed revisions add a section regarding the addition of electives to a program of study that mirrors the policy in the public version of Bulletin 741. Additionally, the revisions correct the effective date for the Basic Core eligibility.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

This policy will have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be no estimated cost and/or economic benefit to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This policy will have no effect on competition and employment.

Beth Scioneaux
Deputy Superintendent
1505#014

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Board of Pharmacy

Electronic Product Verification
(LAC 46:LIII.1217 and 1509)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Pharmacy Practice Act (R.S. 37:1161 et seq.), the Louisiana Board of Pharmacy hereby gives notice of its intent to amend §1217 of Chapter 12, Automated Medication Systems and §1509 of Chapter 15, Hospital Pharmacy of its rules, to allow pharmacies to use bar codes or other electronic product verification processes in lieu of the currently required manual product checking by pharmacists.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LIII. Pharmacists

Chapter 12. Automated Medication Systems

§1217. Stocking and Restocking; Electronic Product Verification

A. - B. ...

C. Electronic Product Verification

1. A bar code verification, electronic verification, or similar verification process may be utilized to assure the correct selection of drugs to be placed into an automated medication system.

2. The use of a bar code, electronic, or similar verification process shall require an initial quality assurance validation followed by ongoing quality assurance reviews at intervals no greater than 90 days since the previous review, all conducted by a pharmacist.

3. When a bar code verification, electronic verification, or similar verification process is utilized as specified in this Paragraph and in the absence of any human intervention in the product selection process, the stocking and restocking functions in systems located either on-site or off-site may be performed by a pharmacy technician without the necessity of direct pharmacist supervision.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 26:1273 (June 2000), effective July 1, 2000, amended LR 41:

Chapter 15. Hospital Pharmacy **§1509. Drug Distribution Control**

A. - A.3.e.iii. ...

B. Automated Medication Systems. A hospital pharmacy may use one or more automated medication systems in

compliance with the provisions of Chapter 12, Automated Medication Systems of the board's rules.

1. When the pharmacy uses an electronic product verification process as described in §1217 of the board's rules, and in the absence of any subsequent human intervention in the automated drug product selection process, the pharmacist-in-charge may elect to forego manual checks of drug products selected in that manner, provided however, that such election by the pharmacist-in-charge shall require an initial quality assurance validation followed by an ongoing quality assurance reviews at intervals no greater than 90 days since the previous review, all conducted by a pharmacist.

2. The pharmacist-in-charge remains accountable to the board for the accuracy of all drug distribution activities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 29:2093 (October 2003), effective January 1, 2004, amended LR 40:2257 (November 2014), effective January 1, 2015, LR 41:

Family Impact Statement

In accordance with section 953 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a family impact statement on the rule proposed for adoption, repeal, or amendment. The following statements will be published in the *Louisiana Register* with the proposed agency Rule.

1. The effect on the stability of the family. We anticipate no effect on the stability of the family.

2. The effect on the authority and rights of parents regarding the education and supervision of their children. We anticipate no effect on the authority and rights of parents regarding the education and supervision of their children.

3. The effect on the functioning of the family. We anticipate no effect on the functioning of the family.

4. The effect on family earnings and family budget. We anticipate no effect on family earnings and the family budget.

5. The effect on the behavior and personal responsibility of children. We anticipate no effect on the behavior and personal responsibility of children.

6. The ability of the family or a local government to perform the function as contained in the proposed Rule. We anticipate no effect on the ability of the family or a local government to perform the activity as contained in the proposed Rule.

Poverty Impact Statement

In accordance with section 973 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a poverty impact statement on the Rule proposed for adoption, repeal, or amendment.

1. The effect on household income, assets, and financial security. We anticipate no impact on household income, assets, and financial security.

2. The effect on early childhood development and preschool through postsecondary education development. We anticipate no impact early childhood development or preschool through postsecondary education development.

3. The effect on employment and workforce development. We anticipate no positive impact on employment and workforce development.

4. The effect on taxes and tax credits. We anticipate no impact on taxes or tax credits.

5. The effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance. We anticipate no effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Small Business Statement

In accordance with section 965 of title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a regulatory flexibility analysis on the Rule proposed for adoption, repeal, or amendment. This will certify the agency has considered, without limitation, each of the following methods of reducing the impact of the proposed Rule on small businesses.

1. The establishment of less stringent compliance or reporting requirements for small businesses. The requirement to verify drug products dispensed by a pharmacy is still the same; the proposed Rule allows, but does not mandate, the use of bar codes or other electronic product verification processes in lieu of manual product checks by the pharmacist.

2. The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses. There are no reporting deadlines in the proposed Rule.

3. The consolidation or simplification of compliance or reporting requirements for small businesses. There are no reporting requirements in the proposed Rule.

4. The establishment of performance standards for small businesses to replace design or operational standards required in the proposed Rule. The proposed Rule allows, but does not require, the use of electronic technology to replace manual tasks.

5. The exemption of small businesses from all or any part of the requirements contained in the proposed Rule. There are no exemptions for small businesses.

Provider Impact Statement

In accordance with House Concurrent Resolution No. 170 of the Regular Session of the 2014 Legislature, there is hereby submitted a provider impact statement on the rule proposed for adoption, repeal, or amendment. This will certify the agency has considered, without limitation, the following effects on the providers of services to individuals with developmental disabilities.

1. The effect on the staffing level requirements or qualifications required to provide the same level of service. We anticipate no effect on the staffing level requirements or the qualifications for that staff to provide the same level of service.

2. The total direct and indirect effect on the cost to the provider to provide the same level of service. We anticipate minimal costs to the provider to implement the requirements of the proposed Rule.

3. The overall effect on the ability of the provider to provide the same level of service. We anticipate no effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments to Malcolm J. Broussard, Executive Director, Louisiana Board of Pharmacy, 3388 Brentwood Drive, Baton Rouge, LA 70809-1700. He is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, June 25, 2015 at 9 a.m. in the board office. At that time, all interested persons will be afforded an opportunity to submit data, views, or arguments, either orally or in writing. The deadline for the receipt of all comments is 12 noon that same day.

Malcolm J. Broussard
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: **Electronic Product Verification**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule will result in a cost of approximately \$2,000 for printing costs of the proposed rule, in increments of \$1,000, in FY 15 and the final rule in FY 16. The proposed rule authorizes pharmacies to use properly verified electronic technology to replace the manual checking of medications by pharmacists.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no impact on revenue collections of state or local governmental units from the proposed rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule directly affects those pharmacies using automated medication systems (AMS). The current rules require pharmacists to manually check all medications packaged and prepared for delivery to patients as well as those medications placed in AMS for retrieval by nurses in hospitals, nursing homes, and other health care facilities. The proposed rule will authorize pharmacies to use bar code verification or other similar electronic product verification to substitute for the manual product checking by a pharmacist, as long as the electronic verification is subjected to an initial and ongoing quality assurance validation process. The time saved by pharmacists using such technology can be re-directed to other critical functions, including patient care activities.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule will not have any effect on competition or employment.

Malcolm J. Broussard
Executive Director
1505#017

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Bureau of Health Services Financing

Medicaid Eligibility
Federally-Facilitated Marketplace Assessments
(LAC 50:III.505)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:III.505 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act.

This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Patient Protection and Affordable Care Act (ACA) of 2010 requires that all applicants for coverage through the federal health insurance marketplace be assessed for eligibility in other government programs, including Medicaid. States are required to select a marketplace model that is state-based, federally-facilitated, or working in partnership with the federal marketplace. States with a federally-facilitated marketplace (FFM), like Louisiana, must elect to either have the FFM make assessments of Medicaid eligibility and transfer the account to the state Medicaid agency for a final determination, or delegate the authority to make Medicaid eligibility determinations to the FFM. Louisiana elected to become a determination state and currently accepts eligibility determinations made by the FFM.

Due to increasing inconsistencies in application processing and eligibility verification found in post eligibility reviews under the current eligibility determination process, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt provisions to become an assessment state and only accept eligibility assessments from the FFM rather than accepting Medicaid eligibility determinations made by the FFM.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part III. Eligibility

Subpart 1. General Administration

Chapter 5. Application Processing

§505. Federally-Facilitated Marketplace Assessments

A. Effective October 1, 2015, Louisiana will no longer accept Medicaid eligibility determinations made by the federally-facilitated marketplace (FFM). Initial assessment of an applicant's Medicaid eligibility will be made by the FFM and transferred to the department to make the final Medicaid eligibility determination, which will result in the state becoming an assessment state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, June 25, 2015 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Medicaid Eligibility Federally-Facilitated Marketplace Assessments

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 14-15. It is anticipated that \$324(\$162 SGF and \$162 FED) will be expended in FY 14-15 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect revenue collections other than the federal share of the promulgation costs for FY 14-15. It is anticipated that \$162 will be collected in FY 14-15 for the federal share of the expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule proposes to adopt provisions in the Medicaid eligibility program to become an assessment state and only accept eligibility assessments from the federal facilitated marketplace (FFM) rather than accepting Medicaid eligibility determinations made by the FFM. It is anticipated that implementation of this proposed rule will not have economic costs or benefits for FY 14-15, FY 15-16, and FY 16-17.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

J. Ruth Kennedy
Medicaid Director
1505#048

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Bureau of Health Services Financing

Targeted Case Management Reimbursement Methodology (LAC 50:XV.10701)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:XV.10701 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

As a result of a budgetary shortfall in state fiscal year 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for targeted case management (TCM) services to reduce the reimbursement rates and to revise these provisions as a result of the promulgation of the January 2013 Emergency Rules which terminated Medicaid reimbursement of TCM services provided to first-time mothers in the Nurse Family Partnership Program and TCM services rendered to HIV disabled individuals (*Louisiana Register*, Volume 39, Number 12).

The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for TCM services provided to New Opportunities Waiver (NOW) recipients in order to adopt a payment methodology based on a flat monthly rate rather than 15-minute increments (*Louisiana Register*, Volume 40, Number 6). This proposed Rule is being promulgated to continue the provisions of the July 1, 2014 Emergency Rule.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart 7. Targeted Case Management

Chapter 107. Reimbursement

§10701. Reimbursement

A. - J. ...

K. Effective for dates of service on or after July 1, 2014, case management services provided to participants in the New Opportunities Waiver shall be reimbursed at a flat rate for each approved unit of service.

1. The standard unit of service is equivalent to one month and covers both service provision and administrative (overhead) costs.

- a. Service provision includes the core elements in:
 - i. §10301 of this Chapter;
 - ii. the case management manual; and
 - iii. contracted performance agreements.
2. All services must be prior authorized.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:1040 (May 2004), amended LR 31:2032 (August 2005), LR 35:73 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1903 (September 2009), LR 36:1783 (August 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:3302 (December 2013), LR 40:1700, 1701 (September 2014), LR 41:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, June 25, 2015 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Targeted Case Management Reimbursement Methodology

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 14-15. It is anticipated that \$432 (\$216 SGF and \$216 FED) will be expended in FY 14-15 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect revenue collections other than the federal share of the promulgation costs for FY 14-15. It is anticipated that \$216 will be collected in FY 14-15 for the federal share of the expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule continues the provisions of the July 1, 2014 Emergency Rule which amended the provisions governing the reimbursement methodology for targeted case management (TCM) services provided to New Opportunities Waiver (NOW) recipients in order to adopt a payment methodology based on a flat monthly rate rather than 15-minute increments. This change in methodology will not affect expenditures or the budgeted amount for TCM services, only how the payments are made. It is anticipated that implementation of this proposed rule will not have economic cost or benefits to TCM service providers for FY 14-15, FY 15-16, and FY 16-17.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

J. Ruth Kennedy
Medicaid Director
1505#049

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Office for Citizens with Developmental Disabilities

Single Point of Entry into the System (LAC 48:IX.Chapter 7)

Editor's Note: This Notice of Intent is being repromulgated due to a submission error. The original Notice of Intent can be viewed in the April 2015 edition of the *Louisiana Register* on pages 826-830.

The Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (OCDD) pursuant to Act 128 of the 2005 Regular Legislative Session as contained in R.S. 28:451.1 is authorized to establish a developmental disabilities services system (system) and to serve as the single point of entry (SPOE) into the system at R.S. 28:454.1. The intent of this Rule is to establish OCDD

as the SPOE and to specify a fair, efficient and consumer-friendly determination process for system entry. This determination process for system entry is to be equitably and uniformly applied by the human service authorities and human service districts or OCDD contractor(s) throughout the state. The human service authorities and human service districts will be referenced in this document as local governing entities (LGEs). A local governing entity (LGE) is an integrated human services delivery system with local accountability and management, which provides behavioral health and developmental disabilities services. "OCDD contractors" refers to regional system point of entry contractors who conduct eligibility determination for the early intervention system for children ages birth to three years.

Title 48

PUBLIC HEALTH—GENERAL

Part IX. Developmental Disabilities Services

Chapter 7. Single Point of Entry and Determination Process for System Entry

§701. Purpose

A. - B.2. ...

3. the presence of a developmental disability;
4. the diagnostic assessment;
5. the developmental assessment for children ages birth through three years; and
6. specialized accommodations, including transportation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.(1)(2), Acts 2013, No. 417, §3, eff. June 21, 2013.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006), amended LR 41:

§703. Definitions

A. *Developmental Disability*—defined in accordance with the Developmental Disability Law at R.S.28:451.2(12) and 462(4)(c).

B. ...

C. *Entry Unit (EU)*—a section of the local governing entities (LGEs) that implements the developmental disabilities services system entry process.

D. *Entry Review Team (ERT)*—a transdisciplinary team including but not limited to, staff of the system entry unit, community services regional administrator or designee, and a psychologist. The team may also include a social worker, a nurse and/or other consultants as necessary.

E. - F. ...

G. *Local Governing Entity (LGE)*—an integrated human services delivery system with local accountability and management, which provides behavioral health and developmental disabilities services.

H. *OCDD Contractors*—regional system point of entry contractors who conduct eligibility determination for the early intervention system for children ages birth to three years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:451.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006), amended LR 41:

§705. Single Point of Entry

A. The OCDD has responsibility for programmatic leadership in the designing and developing of all

developmental disabilities services pursuant to agreements with the LGEs and OCDD contractors as statutorily constituted by state law and with public and private providers. Throughout this Rule, the term "entry unit" is used to describe the role of the LGEs and OCDD contractors in the OCDD system entry process.

B. The local governing entities (LGEs) are the Metropolitan Human Services District, the Capital Area Human Services District, the South Central Human Services Authority, the Acadiana Area Human Services District, the Imperial Calcasieu Human Services District, the Central Louisiana Human Services District, the Northwest Louisiana Human Services District, the Northeast Delta Human Services Authority, the Florida Parishes Human Services Authority and the Jefferson Parish Human Services Authority:

1. Metropolitan Human Services District—Orleans, Plaquemines and St. Bernard parishes;

2. Capital Area Human Services District—Ascension, East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge, and West Feliciana parishes;

3. South Central Human Services Authority—Assumption, Lafourche, St. Charles, St. James, St. John, Terrebonne, and St. Mary parishes;

4. Acadiana Area Human Services District—Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes;

5. Imperial Calcasieu Human Services District—Allen, Beauregard, Cameron, Calcasieu, and Jefferson Davis parishes;

6. Central Louisiana Human Services District—Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn parishes;

7. Northwest Louisiana Human Services District—Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, and Webster parishes;

8. Northeast Delta Human Services Authority—Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Tensas, Union, and West Carroll parishes;

9. Florida Parishes Human Services Authority—Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington parishes; and

10. Jefferson Parish Human Services Authority—Jefferson Parish.

C. - D.6. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Human Services, Division of Mental Retardation/Developmental Disabilities, LR 16:31 (January 1990), amended by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006), LR 41:

§707. Standards for the Determination Process for System Entry

A. The LGEs shall utilize specialized entry units for the determinations of system entry and entry review teams to review those determinations, which do not clearly meet the criteria for entry into the system. OCDD contractors shall utilize their early intervention eligibility teams for children ages birth to three years of age.

B. - C. ...

D. Requests for entry into the system must originate from the LGE in the geographic area from which the person or legally responsible party resides and can be made from only one such LGE or OCDD contractor at a time.

E. - F. ...

G. The face-to-face interview will be conducted at the entry unit location or at the applicant's home for children ages birth to 3 years. If an applicant is unable to get to the entry unit location, the staff will conduct the interview at the person's home or another agreed upon location. If a person fails to keep two appointments that are scheduled at locations outside the entry unit office, future appointments will be scheduled at the entry unit office.

H. - K.1.a. ...

b. family crisis exists with no caregiver support available; and

K.1.c. - M. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006), amended LR 41:

§709. System Eligibility for Children between the Ages of 0-3 Years

A. Children from 0-3 years who are currently eligible for Louisiana's early intervention system services as verified by receipt of all required early intervention system documents, including the individualized family services plan (IFSP), will meet criteria for entering the developmental disabilities services system.

B. The entry unit staff will refer the family or legal guardian to the early intervention system point of entry to seek an eligibility determination for early intervention services if the child is between the ages of 0-3 years and is not currently receiving services from the Early Intervention Program.

C. It is the responsibility of the parent or legal guardian to initiate contact with the local LGE entry unit after the IFSP transition conference. In those cases, the family will indicate its intention to participate in eligibility redetermination and will receive a letter from the Early Intervention Program advising of the need to contact the local LGE prior to the child's third birthday.

AUTHORITY NOTE: Promulgated in accordance with R.S.28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1242 (July 2006), amended LR 41:

§711. Approval for Entry into the System

A. - A.2. ...

3. the protected date from the early intervention system for children who previously had early intervention eligibility.

B. If the entry process is not successfully completed within six months, the original date will no longer be "protected." A new date will be assigned upon completion of a new application. For children entering with an early intervention protected date, the date will be protected until the child's fifth birthdate.

C. Approval for entry into the system shall be based on:

1. the definition of a developmental disability in the Developmental Disabilities Law, R.S. 28:451.2(12) and/or 462(4)(c); and

2. ...

D. Entry Review Team

1. The LGEs shall establish an entry review team to review the documentation of persons who do not clearly meet the criteria for system entry contained herein. The OCDD contractors will utilize the child's eligibility team members to determine eligibility for early intervention.

2. - 3.d. ...

E. Persons who meet criteria for system entry will receive a statement of approval and a copy of the *Rights of People with Developmental Disabilities* from the LGE or the *Family Rights Handbook* from the OCDD contractor from which the persons applied for services and supports.

F. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1242 (July 2006), amended LR 41:

§713. Non-Approval for Entry into the System

A. ...

B. Persons who are receiving services and who receive a SOD will continue to receive services for thirty calendar days from the receipt date of the SOD or until the end date of the IFSP for children in early intervention.

C. Persons who receive a SOD have the right to reapply for services at the entry unit in the area of their residence and to request and receive an administrative hearing through the Division of Administrative Law (DAL).

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2 or 464(13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

§715. Redetermination of Eligibility

A. ...

B. The face-to-face interview will not be necessary if the OCDD entry staff has met with the person in the past six months and has consulted with the person on the results of the screening tool in order to ensure the measure is fair and meaningful. For children in early intervention, a face-to-face team meeting is required annually for redetermination.

C. Re-determination for eligibility for the system shall be required under the following conditions.

1. For children in early intervention, there must be an annual redetermination.

2. If a child transitions from EarlySteps, there must be a redetermination by age 3, reflective of the change in eligibility requirements and legal definitions of developmental disability for ages 3 and up, in accordance with the Louisiana Developmental Disability Law (R.S. 28:451.2).

3. If initial eligibility is established on or after age 3, but prior to age 10, redetermination will occur within 5 years of the initial determination. If the re-determination occurs prior to the person's tenth birthday and there are no additional questions that would require an additional re-determination, then a review upon the person's tenth birthday should be conducted due to changing eligibility requirements and definitions at that age. (A person must have three substantial functional limitations versus two substantial functional limitations for ages 3 to 10 years.)

4. If at age 10, when at least two statements of approval (SOA) have been issued and the presence of a clear lifelong developmental disability exists and is expected to persist indefinitely, no additional redeterminations will be needed in adolescence and adulthood.

5. If a person does not meet criteria noted above or enters the system after age 10 but before 22 years of age, redetermination will occur within 5 years of the initial determination. If the re-determination occurs prior to the person's sixteenth birthday, and there are no additional questions that would require an additional re-determination, then a review upon the person's sixteenth birthday should be conducted to coincide with transition period from school to work and to reassess continued need for services into adulthood.

6. If at age 22, when at least two SOAs have been issued and the presence of a clear, lifelong developmental disability exists and is expected to persist indefinitely, then no additional redeterminations will be required in adolescence and adulthood.

7. If a person enters the system after age 22 (or between ages 16-22), at least two determinations must occur within 3-5 years of one another to document and confirm presence of a lifelong developmental disability that is expected to persist indefinitely. No further redeterminations will be needed if there is no concern over transient nature of existing symptoms and need for continued assessment based upon ERT review.

D. If during the course of the initial determination process the ERT can establish substantial functional limitations in at least three life areas with scores greater than three standard deviations below the mean, the prognosis of the individual is such that there is no likelihood of significant improvements in those life areas, and there are no co-occurring medical or behavioral health conditions that may impact the limitations and necessitate re-evaluation, the ERT may decide the person has no need for any further redetermination.

E. Any persons who were approved to participate in the system without requiring redetermination as of the date of adoption of this Rule will continue to be approved for entry into the system without redetermination, unless redetermination is requested as specified in this rule and/or required for participation in specific services.

F. Redetermination is required as outlined above and/or when:

1. diagnosis of a developmental disability, as defined by state law is tenuous:

a. the individual appears to have a developmental disability that is diagnosable, but further assessment is needed to verify that the disability will be life-long;

b. the individual has a co-occurring behavioral health condition that is prominent, but it is not clear that the limitations are solely attributable to mental illness, therefore further assessment is needed;

c. the individual has a medical condition and may have an accompanying developmental disability; however, it is not clear whether the limitations experienced by the individual are attributable to the developmental disability, therefore further assessment is necessary;

2. prognosis of a chronic life-long condition of a developmental disability is uncertain;

3. new assessment information is obtained that may impact prior determination of a presence of a developmental disability. (This will also apply to individuals who were granted a "lifetime SOA" prior to the adoption of this Rule.)

G. Redetermination may be requested by any one of the following parties:

1. LGE entry review team;
2. person requesting supports;
3. person's family or legal representative;
4. person's support coordinator;
5. person's service provider;
6. person's planning team;
7. person's physician determining level of care;
8. staff involved in the provision of supports;
9. state monitoring authorities;
10. courts of appropriate jurisdiction.

H. If a person requires redetermination for approval, the LGE entry unit staff will notify the person in writing, and as appropriate, the person's support coordinator and/or provider, sixty days prior to the SOA expiration date. The person then has thirty days in which to contact the EU staff to coordinate the redetermination process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

§717. Closure of Requests for Supports and Services

A. Initial requests may be "closed" due to:

1. insufficient information based upon the person/family consistently not complying with obtaining needed information and/or participating in scheduled appointments;

2. denial for system entry (SOD) has been determined; or

3. request of the individual and/or family.

B. If the person does not respond to the initial redetermination letter within 30 calendar days, at least two additional attempts to contact the individual will be made prior to case closure within the next 30 calendar days. The additional attempts to contact the individual will utilize more than one mode of contact.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

§719. OCDD Data Requirements

A. The LGEs and OCDD contractors shall provide monthly to the OCDD central office random samples of completed determinations with supporting documentation in accordance with OCDD's quality review methodologies.

B. The LGEs and OCDD contractors shall utilize OCDD's information management system for developmental disabilities to enter all information as required by OCDD's policies and procedures for system entry.

C. The LGEs and OCDD contractors shall provide additional information to OCDD as requested for the purpose of evaluating quality and compliance with state laws, policies and procedures relevant to system entry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.17

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

§721. OCDD Quality Reviews

A. The OCDD central office will conduct periodic quality reviews of the LGEs and OCDD contractors regarding the processes for the single point of entry and the determination process for system entry.

B. The purpose of the quality reviews is to assess overall accuracy in decision making, completeness of information relative to the determination reached, and adherence to the Developmental Disability Law as well as to the rules, policies, operational instructions and procedures required by the office pertaining to single point of entry and the determination process for system entry conducted by the LGEs and OCDD contractors.

C. The quality reviews may consist of analyses of the following:

1. - 4. ...

5. completeness, timeliness and accuracy of information required on OCDD's information management system for developmental disabilities.

D. The review findings and subsequent recommendations along with any needed technical assistance will be provided to the LGEs and OCDD contractors. Specific recommendations for improvement or correction actions must be carried out in order to maintain compliance with all laws, rules, policies and procedures relevant to the single point of entry or determination for system entry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.17.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

Family Impact Statement

It is anticipated that the proposed action will have no known or foreseeable impact on the:

1. stability of the family;
2. authority and rights of parents regarding the education and supervision of their children;
3. functioning of the family;
4. family earnings and family budget;
5. behavior and personal responsibility of children; or
6. ability of the family or a local government to perform the functions as contained in the proposed action.

Poverty Impact Statement

The proposed Rule should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973(B). In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;
2. the effect on early childhood development and preschool through postsecondary education development;
3. the effect on employment and workforce development;
4. the effect on taxes and tax credits;
5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to Mark A. Thomas, Office for Citizens with Developmental Disabilities, P.O. Box 3117, Baton Rouge, LA 70821-3117. He is responsible for responding to inquiries regarding this proposed Rule. The deadline for all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, June 24, 2015 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Single Point of Entry into the System

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule amends Louisiana Administrative Code Title 48, Part IX, Chapter 7-Single Point of Entry and Determination to both provide clarification of the eligibility determination process and standardize the process statewide. The proposed rule amends the Office for Citizens with Developmental Disabilities (OCDD) Single Point of Entry (SPOE) process as follows: (1) references the role Human Services Districts/Authorities in the delivery of developmental disabilities services; (2) clarifies the standards for determination, eligibility and approval into the developmental disability services system, and (3) revises the frequency of eligibility redetermination to standardize the process across all districts/authorities as well as make the process more efficient.

This proposed Rule will have no programmatic fiscal impact to the Department of Health and Hospitals or the Human Services Districts/Authorities other than the cost of rule promulgation for FY 15. The cost of rulemaking is anticipated to be \$1,944 in State General Fund for the proposed rule and the final Rule. The cost of rule making is routinely included in the agency's annual operating budget.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect revenue collections for FY 15.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

It is anticipated that implementation of this proposed rule will have no economic cost or benefits to directly affected persons or non-governmental groups for FY 15, FY 16 and FY 17.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule has no known effect on competition and employment.

Mark A. Thomas
Assistant Secretary
1505#060

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Transportation and Development
Professional Engineering and Land Surveying Board**

**Required Signatures on Board Checks
(LAC 46:LXI.717)**

Under the authority of the Louisiana professional engineering and land surveying licensure law, R.S. 37:681 et seq., and in accordance with the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., notice is hereby given that the Louisiana Professional Engineering and Land Surveying Board has initiated procedures to amend its rules contained in LAC 46:LXI.717.

This is a technical revision of existing rules under which LAPELS operates. The revision makes it clear that all board checks must be signed by at least one board member.

Title 46

**PROFESSIONAL AND OCCUPATIONAL
STANDARDS**

**Part LXI. Professional Engineers and Land Surveyors
Chapter 7. Bylaws**

§717. Disbursements

A. Check Requirement. All disbursements over the amount of \$150 shall be made by check or approved electronic fund transfer.

B. Line Item Restrictions. Annual disbursements shall not exceed current budget line items.

C. Required Signatures on Checks. All checks must be signed by two of the following individuals (with at least one of the signatures being from either the treasurer or another board member as directed by the board):

1. treasurer;
2. executive director;
3. deputy executive director; or
4. any board member as directed by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:688.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Board of Registration for Professional Engineers and Land Surveyors, LR 2:58 (February 1976), amended LR 5:119 (May 1979), LR 11:1182 (December 1985), LR 21:1355 (December 1995), amended by the Department of Transportation and Development, Professional Engineering and Land Surveying Board, LR 27:1026 (July 2001), LR 30:1710 (August 2004), LR 37:2412 (August 2011), LR 41:

Family Impact Statement

In accordance with R.S. 49:953(A)(1)(a)(viii) and 972, the following Family Impact Statement is submitted with the Notice of Intent for publication in the *Louisiana Register*: The proposed Rule has no known impact on family formation, stability or autonomy.

Poverty Impact Statement

In accordance with R.S. 49:953(A)(1)(a)(ix) and 973, the following Poverty Statement is submitted with the Notice of Intent for publication in the *Louisiana Register*: The proposed Rule has no known impact on child, individual or family poverty in relation to individual or community asset development.

Provider Impact Statement

In accordance with HCR No. 170 of the 2014 Regular Session, the following Provider Statement is submitted with the Notice of Intent for publication in the *Louisiana Register*: The proposed Rule has no known effect on the staffing level requirements or qualifications required to provide the same level of service, the cost to the provider to provide the same level of service or the ability of the provider to provide the same level of service.

Public Comments

Interested parties are invited to submit written comments on the proposed Rule through June 10, 2015 at 4:30 p.m., to Donna D. Sentell, Executive Director, Louisiana Professional Engineering and Land Surveying Board, 9643 Brookline Avenue, Suite 121, Baton Rouge, LA 70809-1433.

Richard L. Savoie, P.E.
Deputy Executive Director

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Required Signatures on Board Checks**

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO
STATE OR LOCAL GOVERNMENT UNITS (Summary)**

There are no estimated implementation costs or savings to state or local governmental units resulting from this proposed rule change. The proposed rule change clarifies that all board checks must be signed by at least one board member.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE
OR LOCAL GOVERNMENTAL UNITS (Summary)**

There will be no effect on revenue collections of state or local governmental units as a result of this proposed rule change.

**III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO
DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL
GROUPS (Summary)**

The proposed rule change will have no impact on costs and/or economic benefits to directly affected persons or non-governmental groups.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)**

The proposed rule change will have no effect on competition or employment.

Donna D. Sentell
Executive Director
1504#019

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Treasury Board of Trustees of the Louisiana State Employees' Retirement System

Election to the Board of Trustees
(LAC 58:I.405 and 407)

The Department of the Treasury, Board of Trustees of the Louisiana State Employees' Retirement System ("LASERS") proposes to amend LAC 58:I.405 and 407. The Rule amendments facilitate which members are to receive an active member ballot and remove a redundancy, so that the single place for event dates is in the general schedule of elections set forth in §401. Further, these rule amendments clarify that the limit of two trustees per department within the executive branch of state government is limited to active trustees and excludes *ex officio* trustees.

Title 58

RETIREMENT

Part I. Louisiana State Employees' Retirement System Chapter 4. Rules Common to the Election of Both Active and Retired Member Trustees

§405. Election Process

[Formerly LAC 58:I.303.C-I and 503.C-J]

A. Active Members. Ballots or election brochures shall be distributed to each active member by the fourth Friday in September. This includes active members who are not deemed by LASERS to be retired before July 1 of the year in which the election is to take place and participants in the DROP program who have not terminated service.

B. ...

C. There shall be a drawing as set forth in LAC 58:I.401 in the retirement systems building, 8401 United Plaza Boulevard, Baton Rouge, LA, to determine the position each candidate shall have on the ballot or election brochure.

D. - I. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 11:511 and R.S. 11:515.

HISTORICAL NOTE: Promulgated by the Department of Treasury, Board of Trustees of the State Employees' Retirement System, LR 22:373 (May 1996), amended LR 23:996, 997 (August 1997), LR 25:1278 (July 1999), LR 26:1490 (July 2000), LR 26:2633 (November 2000), LR 31:946, 947 (April 2005), LR 34:446, 447 (March 2008), LR 37:1616 (June 2011), LR 39:119 (January 2013), LR 41:

§407. Winning Candidates

[Formerly LAC 58:I.303.B and G, 501.A and 503.H]

A.1. - B. ...

C. No department in the executive branch of state government may have more than two active trustees serving on the board at the same time. *Ex officio* trustees and their designees do not count toward this limit.

D. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 11:511 and R.S. 11:515.

HISTORICAL NOTE: Promulgated by the Department of Treasury, Board of Trustees of the State Employees' Retirement System, LR 22:373 (May 1996), amended LR 23:996, 997 (August 1997), LR 25:1278 (July 1999), LR 26:1490 (July 2000), LR 26:2633 (November 2000), LR 31:946, 947 (April 2005), LR

34:446, 447 (March 2008), LR 37:1616 (June 2011), LR 39:119 (January 2013), LR 41:

Family Impact Statement

The proposed Rule changes are not anticipated to have an impact on family formation, stability or autonomy, as described in R.S. 49:972.

Poverty Impact Statement

The proposed Rule changes are not anticipated to have an impact on poverty as described in R.S. 49:973.

Small Business Statement

The proposed Rule changes are not anticipated to have an adverse impact on small businesses as defined in the Regulatory Flexibility Act.

Provider Impact Statement

The proposed Rule changes are not anticipated to have an impact on providers of services funded by the state as described in HCR 170 of the 2014 Regular Legislative Session.

Public Comments

Interested persons may submit written comments on the proposed changes until 4:30 pm, June 26, 2015 to Steve Stark, Board of Trustees for the Louisiana State Employees' Retirement System, P.O. Box 44213, Baton Rouge, LA 70804.

Cindy Rougeou
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Election to the Board of Trustees

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will have no impact on state or local government expenditures. The proposed rule change makes several technical changes. The rule change clarifies voting eligibility for active members as those who are not retired before July 1 of the election year. The rule change removes the date of the drawing for positions on the election ballot since that is mentioned in the rule regarding the general schedule of elections. Finally, the rule change clarifies that there is a limit of two active trustees per department within the executive branch and excludes *ex-officio* trustees.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units as a result of the proposed rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change may affect candidates for election to the LASERS board of trustees as a result of clarifying that a department within the executive branch may have no more than two active trustees serving on the board. This would exclude *ex-officio* members.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change will have no effect on competition or employment.

Cindy Rougeou
Executive Director
1505#029

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of the Treasury Louisiana Housing Corporation

Mortgage Credit Certificate Program (LAC 16:II.Chapter 8)

Under the authority of R.S. 40:600.91(A)(3), and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Louisiana Housing Corporation (LHC) hereby adopts the Louisiana Housing Corporation Mortgage Credit Certificate (LHC MCC) Program. The program will allow first time homebuyers to take a tax credit equal to the lesser of \$2,000 per year or 40 percent of their annual interest paid on their mortgage loan for their primary residence.

Title 16

COMMUNITY AFFAIRS

Part II. Housing Programs

Chapter 8. Mortgage Credit Certificate Program

§801. Introduction

A. The LHC MCC Program is designed to assist citizens of the state of Louisiana that:

1. are first time homebuyers or persons who have not owned a principal residence in the past 3 years;
2. are purchasing a residence in certain areas of the state, called "targeted areas;"
3. are using a 30-year fixed rate and term mortgage which does not involve mortgage revenue bonds; and
4. are purchasing a property to be used as their primary residence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:600.86 et seq.

HISTORICAL NOTE: Promulgated by the Department of Treasury, Louisiana Housing Corporation, LR 41:

§803. Definitions

A. Notwithstanding the definitions set forth in the LAC 16:I.301, the following terms, when used in this Chapter, are defined as follows.

Annual Family Income—annual income from all sources before taxes or withholding of all members of the family living in the housing unit. Family annual income may not exceed 115 percent or less of the applicable median family income except in the case of a targeted area residence, in which instance the family annual income may not exceed 140 percent or less of the applicable family income.

Borrower(s)—an individual or family applying to receive mortgage funding under the LHC MCC Program.

Eligible Property—single family residence, planned unit development, condominium, or manufactured housing on a permanent foundation which is owned or being purchased and qualifying as real estate.

Housing Unit—living accommodations intended for occupancy by a single family, consisting of one unit, and which will be owned by the occupant thereof; or, one unit principal residences that are detached structures, condominiums, townhomes or planned unit development subject to Fannie Mae/Freddie Mac guidelines.

Program Type—FHA, VA, Rural Development, Fannie Mae or Freddie Mac Programs. Fixed rate and 30 year term required.

Purchase Price Requirements—the acquisition cost of the principle residence may not exceed 90 percent of the average area purchase price except in the case of a targeted area residence wherein the acquisition cost may not exceed 110 percent of the average area purchase price.

Targeted Area—that part of the eligible loan area that has been designated as a qualified census tract or an area of chronic economic distress in accordance with section 143(j)(3) of the IRS or as a qualified census tract in accordance with section 143 (i)(2) or the IRS Code.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:600.86 et seq.

HISTORICAL NOTE: Promulgated by the Department of Treasury, Louisiana Housing Corporation, LR 41:

§805. Eligible Borrowers

A. Borrowers will be determined to be eligible to participate in the LHC MCC Program if they meet the following criteria.

1. The borrower is a first time home buyer or has not owned a principal residence in the past three years, or is purchasing in a targeted area;
2. Household annual income does not exceed established income limits.
3. Borrower will occupy the property as his or her primary residence.
4. Borrower is using a fixed rate, 30 year mortgage that is not financed through the use of a mortgage revenue bond.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:600.86 et seq.

HISTORICAL NOTE: Promulgated by the Department of Treasury, Louisiana Housing Corporation, LR 41:

§807. Processing Qualifications of Borrowers

Applications

A. An application for a LHC MCC shall be processed by the Louisiana Housing Corporation. Borrowers may apply through any LHC approved lender. The lending institution shall undertake its own due diligence and other matters as may be determined to be appropriate to insure that the proposed loan and Mortgage Credit Certificate is consistent in all aspects of the Louisiana Housing Corporation's evaluation factors. The Louisiana Housing Corporation will also underwrite the application.

B. Borrowers who obtain an LHC MCC can still claim 60 percent of their total year mortgage interest as a tax deduction. LHC MCC will allow homebuyers to convert 40 percent of their mortgage interest deduction to a life of loan tax credit, not to exceed \$2,000 per year. The tax credit is available each year for the life of the original loan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:600.1 et seq.

HISTORICAL NOTE: Promulgated by the Department of Treasury, Louisiana Housing Corporation, LR 41:

§811. Types of Assistance and Proscribed Use

A. Borrowers will pay a 1 percent origination fee to the LHC for the issuance of an LHC MCC and a \$75 compliance fee.

B. Lenders will be allowed to charge up to \$500 per MCC application.

C. Maximum loan amount is based upon applicable program guidelines (i.e. conventional, FHA, VA or rural development).

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:600.86 et seq.

HISTORICAL NOTE: Promulgated by the Department of Treasury, Louisiana Housing Corporation, LR 41:

Family Impact Statement

This proposed Rule has no determinable impact on family formation, stability, and autonomy as described in R.S.49:972.

Poverty Impact Statement

This proposed Rule has no determinable impact on household income, assets, and financial security; childhood development and preschool through postsecondary education development; employment or workforce development; taxes and tax credits; or child and dependent care, housing, health care, nutrition, transportation, and utility assistance; as described in R.S.49:973.

Provider Impact Statement

This proposed Rule has no known impact on staffing level requirement or qualifications required to provide the same level of service; the total indirect effect of the cost to the providers to provide the same level of service; or the overall effect on the ability of the provider to provide the same level of service; as described in HCR170 of the 2014 Regular Legislative Session.

Public Comments

Any interested person may submit written comments regarding the contents of the proposed Rule to Brenda Evans, Director of Housing Development, Louisiana Housing Corporation, 2415 Quail Drive, Baton Rouge, LA 70808 or via e-mail at bevans@lhc.la.gov. All comments must be received by June 10, 2015 at 4:30 p.m.

Public Hearing

The Louisiana Housing Corporation LHC will conduct a public hearing on the Notice of Intent at 10 a.m. CST on Tuesday, June 2, 2015 at the main office of the Louisiana Housing Corporation at 2415 Quail Drive, Baton Rouge, LA 70808.

Michelle L. Thomas
Appointing Authority

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Mortgage Credit Certificate Program

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no anticipated implementation costs as a result of the proposed rule. The proposed rule provides guidance to potential homebuyers of a new program called the Louisiana Housing Corporation Mortgage Credit Certificate Program, (LHC MCC Program) to be administered by the Louisiana Housing Corporation under the authority of La. R.S. 40:600.91 (A) (3), that provides a federal income tax credit to eligible borrowers residing in Louisiana who meet certain qualifications from the Internal Revenue Code and the program guidelines drafted by the LHC. A Mortgage Credit Certificate ("MCC") is an instrument designed to assist persons better afford home ownership. The LHC MMC Program allows first-time homebuyers an annual federal income tax credit equal to the lesser of \$2,000 or the credit rate of the MCC multiplied by the amount of interest paid by the holder on a home mortgage loan during each year that they occupy the home as their principal residence.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule will likely result in an indeterminable increase in fee collections of the Louisiana Housing Corporation. This rule allows for the corporation to collect a 1% origination fee, which is 1% of the loan amount, and a \$75 compliance fee from the borrowers.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule could provide a significant economic benefit in that qualified taxpayers could receive mortgage credit certificates up to the maximum credit amount of \$2,000 per eligible household per year for the duration of the mortgage loan. The taxpayer will not realize this program's benefit until the borrower files a federal income tax return.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule would have no effect on competition or employment.

Michelle L. Thomas
Appointing Authority
1505#059

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Wildlife and Fisheries Wildlife and Fisheries Commission

Crappie Regulations—Eagle Lake
(LAC 76:VII.198)

Pursuant to the authority of *Louisiana Revised Statutes*, title 56, sections 6(25)(a), 325(c) and 326.3, the Louisiana Wildlife and Fisheries Commission hereby advertises its intent to modify the current crappie regulations on Eagle Lake, Madison Parish, Louisiana. The new daily take and size regulations will be 30 fish per person with an 11 inch minimum length limit.

Title 76

WILDLIFE AND FISHERIES

Part VII. Fish and Other Aquatic Life

Chapter 1. Freshwater Sports and Commercial Fishing

§198. Crappie Regulations—Eagle Lake

A. The recreational daily limit and total length limit for black crappie (*Pomoxis nigromaculatus*) and white crappie (*Pomoxis annularis*) on Eagle Lake located east of the Mississippi River in Madison Parish, Louisiana shall be as follows.

1. The recreational daily creel limit shall be 30 fish, in the aggregate.

2. The minimum total length limit shall be 11 inches.

B. This Rule shall become effective October 1, 2015 provided identical minimum total length limit and daily creel regulations by the Mississippi Wildlife, Fisheries and Parks Commission are implemented.

C. This Rule will expire four years from its effective date or if Mississippi Wildlife, Fisheries and Parks Commission fails to maintain identical regulations for Eagle Lake at anytime during the four year period.

D. Upon completion of the four year period, a crappie population stock assessment and crappie angler opinion survey will be conducted to allow for a comprehensive

evaluation of the regulation for future management recommendations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6(25)(a), 325(c) and 326.3.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 41:

The secretary of the Department of Wildlife and Fisheries is authorized to take any and all necessary steps on behalf of the commission to promulgate and effectuate this Notice of Intent and final Rule, including but not limited to, the filing of the Fiscal and Economic Impact Statement, the filing of the Notice of Intent and final Rule and the preparation of reports and correspondence to other agencies of government.

Family Impact Statement

In accordance with Act No. 1183 of 1999, the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission hereby issues its Family Impact Statement in connection with the preceding Notice of Intent. This Notice of Intent will have no impact on the six criteria set out at R.S. 49:972(B).

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S.49:973.

Provider Impact Statement

This Rule has no known impact on providers as described in HCR 170 of 2014.

Public Comments

Interested persons may submit written comments relative to the proposed Rule to Randy Myers, Director, Inland Fisheries, P.O. Box 98000, Baton Rouge, LA 70898-9000, prior to July 3, 2015.

Edwin Manuel
Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Crappie Regulations—Eagle Lake

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change is expected to have no effect on implementation costs to state or local governmental units.

The proposed rule sets a minimum size limit of 11 inches and a daily creel limit of 30 black crappie (*Pomoxis nigromaculatus*) and white crappie (*Pomoxis annularis*) in the aggregate on Eagle Lake, an oxbow lake in Madison Parish, Louisiana, on the eastern side of the Mississippi River along the state boundary with Mississippi. The proposed rule change is intended to make the regulations for crappie on the Louisiana portion of Eagle Lake consistent with those proposed for implementation on the Mississippi portion.

The proposed rule change shall become effective on October 1, 2015, concurrent with the implementation of identical regulations by the Mississippi Wildlife, Fisheries, and Parks Commission. It will expire four years later.

During the period of the rules effectiveness, a stock assessment for crappie and an angler opinion survey will be conducted to evaluate the regulation.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change is expected to have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rules change will have little or no effect on any persons or non-governmental groups. Due to the geographic layout of the lake and surrounding area, it is unlikely to result in a significant decrease in recreational fishing activity among Louisiana resident anglers.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is expected to have no effect on competition or employment.

Bryan McClinton
Undersecretary
1505#028

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Workforce Commission Office of Workers' Compensation

Medical Treatment Guidelines
(LAC 40:2003, 2015, 2103, 2119, 2203,
2205, 2209, 2211, 2213, 2303, and 2317)

The Louisiana Workforce Commission does hereby give notice of its intent to amend certain portions of the Medical Guidelines contained in the *Louisiana Administrative Code*, Title 40, Labor and Employment, Part I, Workers' Compensation Administration, Subpart 2, Medical Guidelines, Chapters 20-23, regarding general guidelines principles for cervical spine injuries, low back pain, chronic pain disorder, complex regional pain syndrome, carpal tunnel syndrome, lower extremities, and shoulder injuries, and treatment of carpal tunnel syndrome. This Rule is promulgated by the authority vested in the director of the Office of Workers' Compensation found in R.S. 23:1291 and R.S. 23:1310.1(C).

Title 40

LABOR AND EMPLOYMENT

Part I. Workers' Compensation Administration

Subpart 2. Medical Guidelines

Chapter 20. Spine Medical Treatment Guidelines

Subchapter A. Cervical Spine Injury

§2003. General Guidelines Principles

A. - A.2. ...

3. Informed Decision Making. Providers should implement informed decision making as a crucial element of a successful treatment plan. Patients, with the assistance of their health care practitioner, should identify their personal and professional functional goals of treatment at the first visit. Progress towards the individual's identified functional goals should be addressed by all members of the health care team at subsequent visits and throughout the established treatment plan. Nurse case managers, physical therapists, occupational therapists, and other members of the health care team play an integral role in informed decision making and achievement of functional goals. Patient education and informed decision making should facilitate self-management of symptoms and prevention of further injury.

4. **Treatment Parameter Duration.** Time frames for specific interventions commence once treatments have been initiated, not on the date of injury. Obviously, duration will be impacted by patient compliance, as well as availability of services. Clinical judgment may substantiate the need to accelerate or decelerate the time frames discussed in this document. Such deviation shall be in accordance with R.S. 23:1203.1.

5. **Active Interventions.** Emphasizing patient responsibility, such as therapeutic exercise and/or functional treatment, are generally emphasized over passive modalities, especially as treatment progresses. Generally, passive interventions are viewed as a means to facilitate progress in an active rehabilitation program with concomitant attainment of objective functional gains.

6. **Active Therapeutic Exercise Program.** Exercise program goals should incorporate patient strength, endurance, flexibility, coordination, and education. This includes functional application in vocational or community settings.

7. **Positive Patient Response.** Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, ability to function at work, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

8. **Re-Evaluation of Treatment Every Three to Four Weeks.** If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Before discontinuing the treatment, the provider should have a detailed discussion with the patient to determine the reason for failure to produce positive results. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

9. **Surgical Interventions.** Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of cure with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

10. **Pharmacy—Louisiana Law and Regulation.** All prescribing will be done in accordance with the laws of the state of Louisiana as they pertain respectively to each individual licensee, including, but not limited to: Louisiana State Board of Medical Examiners regulations governing medications used in the treatment of non-cancer-related chronic or intractable pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for pain management clinics; other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana.

11. **Six Month Time Frame.** The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

12. **Return to Work.** Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply sedentary or light duty. The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

13. **Delayed Recovery.** Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

14. **Guideline Recommendations and Inclusion of Medical Evidence.** Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the

level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient or Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as not recommended.

b. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended by the Workforce Commission, Office of Workers Compensation, LR 40:1119 (June 2014), LR 41:

Subchapter B. Low Back Pain

§2015. General Guideline Principles

A. - A.2. ...

3. Informed Decision Making. Providers should implement informed decision making as a crucial element of a successful treatment plan. Patients, with the assistance of their health care practitioner, should identify their personal and professional functional goals of treatment at the first visit. Progress towards the individual's identified functional goals should be addressed by all members of the health care team at subsequent visits and throughout the established treatment plan. Nurse case managers, physical therapists, occupational therapists, and other members of the health care team play an integral role in informed decision making and achievement of functional goals. Patient education and informed decision making should facilitate self-management of symptoms and prevention of further injury.

4. Treatment Parameter Duration. Time frames for specific interventions commence once treatments have been initiated, not on the date of injury. Obviously, duration will be impacted by patient compliance, as well as availability of services. Clinical judgment may substantiate the need to accelerate or decelerate the time frames discussed in this document. Such deviation shall be in accordance with R.S. 23:1203.1.

5. Active Interventions. Emphasizing patient responsibility, such as therapeutic exercise and/or functional treatment, are generally emphasized over passive modalities, especially as treatment progresses. Generally, passive

interventions are viewed as a means to facilitate progress in an active rehabilitation program with concomitant attainment of objective functional gains.

6. Active Therapeutic Exercise Program. Exercise program goals should incorporate patient strength, endurance, flexibility, coordination, and education. This includes functional application in vocational or community settings.

7. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, ability to function at work, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

8. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Before discontinuing the treatment, the provider should have a detailed discussion with the patient to determine the reason for failure to produce positive results. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

9. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of cure with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

10. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the state of Louisiana as they pertain respectively to each individual licensee, including, but not limited to: Louisiana State Board of Medical Examiners regulations governing medications used in the treatment of non-cancer-related chronic or intractable pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for pain management clinics; other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana.

11. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

12. Return To Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply sedentary or light duty. The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

13. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

14. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient or Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by

the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as not recommended.

b. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers Compensation Administration, LR 37:1655 (June 2011), amended by the Workforce Commission, Office of Workers Compensation, LR 40:1135 (June 2014), LR 41:

Chapter 21. Pain Medical Treatment Guidelines

Subchapter A. Chronic Pain Disorder Medical Treatment Guidelines

§2103. General Guidelines Principles

A. - A.2. ...

3. Informed Decision Making. Providers should implement informed decision making as a crucial element of a successful treatment plan. Patients, with the assistance of their health care practitioner, should identify their personal and professional functional goals of treatment at the first visit. Progress towards the individual's identified functional goals should be addressed by all members of the health care team at subsequent visits and throughout the established treatment plan. Nurse case managers, physical therapists, occupational therapists, and other members of the health care team play an integral role in informed decision making and achievement of functional goals. Patient education and informed decision making should facilitate self-management of symptoms and prevention of further injury.

4. Treatment Parameter Duration. Time frames for specific interventions commence once treatments have been initiated, not on the date of injury. Obviously, duration will be impacted by patient compliance, as well as availability of services. Clinical judgment may substantiate the need to accelerate or decelerate the time frames discussed in this document. Such deviation shall be in accordance with R.S. 23:1203.1.

5. Active Interventions. Emphasizing patient responsibility, such as therapeutic exercise and/or functional treatment, are generally emphasized over passive modalities, especially as treatment progresses. Generally, passive interventions are viewed as a means to facilitate progress in an active rehabilitation program with concomitant attainment of objective functional gains.

6. Active Therapeutic Exercise Program. Exercise program goals should incorporate patient strength, endurance, flexibility, coordination, and education. This includes functional application in vocational or community settings.

7. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, ability to function at work, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

8. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Before discontinuing the treatment, the provider should have a detailed discussion with the patient to determine the reason for failure to produce positive results. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

9. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of cure with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

10. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the state of Louisiana as they pertain respectively to each individual licensee, including, but not limited to: Louisiana State Board of Medical Examiners regulations governing medications used in the treatment of non-cancer-related chronic or intractable pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for pain management clinics; other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana.

11. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

12. Return to Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their

previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply sedentary or light duty. The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

13. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

14. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient or Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as not recommended.

b. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers Compensation Administration, LR 37:1682 (June 2011), amended by the Workforce Commission, Office of Workers Compensation, LR 40:1155 (June 2014), LR 41:

Subchapter B. Complex Regional Pain Syndrome

§2119. General Guidelines Principles

A. -A.2. ...

3. Informed Decision Making. Providers should implement informed decision making as a crucial element of a successful treatment plan. Patients, with the assistance of their health care practitioner, should identify their personal and professional functional goals of treatment at the first visit. Progress towards the individual's identified functional goals should be addressed by all members of the health care team at subsequent visits and throughout the established treatment plan. Nurse case managers, physical therapists, occupational therapists, and other members of the health care team play an integral role in informed decision making and achievement of functional goals. Patient education and informed decision making should facilitate self-management of symptoms and prevention of further injury.

4. Treatment parameter duration Time frames for specific interventions commence once treatments have been initiated, not on the date of injury. Obviously, duration will be impacted by patient compliance, as well as availability of services. Clinical judgment may substantiate the need to accelerate or decelerate the time frames discussed in this document. Such deviation shall be in accordance with R.S. 23:1203.1.

5. Active interventions emphasizing patient responsibility, such as therapeutic exercise and/or functional treatment, are generally emphasized over passive modalities, especially as treatment progresses. Generally, passive interventions are viewed as a means to facilitate progress in an active rehabilitation program with concomitant attainment of objective functional gains.

6. Active Therapeutic Exercise Program. Exercise program goals should incorporate patient strength, endurance, flexibility, coordination, and education. This includes functional application in vocational or community settings.

7. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, ability to function at work, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

8. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Before discontinuing the treatment, the provider should have a detailed discussion with the patient to determine the reason for failure to produce positive results. Reconsideration of

diagnosis should also occur in the event of poor response to a seemingly rational intervention.

9. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of cure with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

10. Pharmacy-Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the state of Louisiana as they pertain respectively to each individual licensee, including, but not limited to: Louisiana State Board of Medical Examiners regulations governing medications used in the treatment of non-cancer-related chronic or intractable pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for pain management clinics; other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana.

11. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

12. Return To Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply sedentary or light duty. The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational

medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

13. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

14. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient or Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as not recommended.

b. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers Compensation Administration, LR 37:1716 (June 2011), amended by the Workforce Commission, Office of Workers Compensation, LR 40:1157 (June 2014), LR 41:

Chapter 22. Neurological and Neuromuscular Disorder Medical Treatment Guidelines

Subchapter A. Carpal Tunnel Syndrome (CTS) Medical Treatment Guidelines

§2203. General Guidelines Principles

A. - A.2. ...

3. Informed Decision Making. Providers should implement informed decision making as a crucial element of a successful treatment plan. Patients, with the assistance of their health care practitioner, should identify their personal and professional functional goals of treatment at the first

visit. Progress towards the individual's identified functional goals should be addressed by all members of the health care team at subsequent visits and throughout the established treatment plan. Nurse case managers, physical therapists, occupational therapists, and other members of the health care team play an integral role in informed decision making and achievement of functional goals. Patient education and informed decision making should facilitate self-management of symptoms and prevention of further injury.

4. Treatment Parameter Duration. Time frames for specific interventions commence once treatments have been initiated, not on the date of injury. Obviously, duration will be impacted by patient compliance, as well as availability of services. Clinical judgment may substantiate the need to accelerate or decelerate the time frames discussed in this document. Such deviation shall be in accordance with R.S. 23:1203.1.

5. Active Interventions. Emphasizing patient responsibility, such as therapeutic exercise and/or functional treatment, are generally emphasized over passive modalities, especially as treatment progresses. Generally, passive interventions are viewed as a means to facilitate progress in an active rehabilitation program with concomitant attainment of objective functional gains.

6. Active Therapeutic Exercise Program. Exercise program goals should incorporate patient strength, endurance, flexibility, coordination, and education. This includes functional application in vocational or community settings.

7. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, ability to function at work, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

8. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Before discontinuing the treatment, the provider should have a detailed discussion with the patient to determine the reason for failure to produce positive results. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

9. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of cure with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the

operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

10. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the state of Louisiana as they pertain respectively to each individual licensee, including, but not limited to: Louisiana State Board of Medical Examiners regulations governing medications used in the treatment of non-cancer-related chronic or intractable pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for pain management clinics; other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana.

11. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

12. Return To Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply sedentary or light duty. The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

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b. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

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§2205. Definitions

A. Carpal tunnel syndrome (CTS) is one of the most common mononeuropathies (a disorder involving only a single nerve). The median nerve is vulnerable to compression and injury in the region of the wrist and palm. In this area, the nerve is bounded by the wrist bones and the transverse carpal ligament. The most common site of compression is at the proximal edge of the flexor retinaculum (an area near the crease of the wrist). There is often a myofascial component in the patient's presentation. This should be considered when proceeding with the diagnostic workup and therapeutic intervention.

B. Studies have repeatedly confirmed that the diagnosis cannot be made based on any single historical factor or physical examination finding. There are no individual provocative testing with strong sensitivity and specificity. Additionally, electrodiagnostic testing may be positive in asymptomatic individuals. The diagnosis of CTS, therefore, remains a clinical diagnosis based on a preponderance of supportive findings.

C. Classic findings of CTS include subjective numbness or dysesthesias confined to the median nerve distribution, worsening of symptoms at night, dropping of objects, and positive exam findings. When the diagnosis is in question,

steroid injection into the carpal tunnel is a strongly supportive test if it is followed by significant relief of symptoms.

1. Please refer to other appropriate upper extremity guidelines as necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers Compensation Administration, amended by the Workforce Commission, Office of Workers Compensation LR 37:1738 (June 2011), LR 41:

§2209. Follow-Up Diagnostic Testing Procedures

A. - A.9.b.iii. ...

B. Imaging Studies

1. Radiographic Imaging. Not generally required for most CTS diagnoses; recommended for patients with documented joint crepitation or loss of hand or wrist motion. However, it may be necessary to rule out other pathology in the cervical spine, shoulder, elbow, wrist or hand. Wrist and elbow radiographs would detect degenerative joint disease, particularly scapholunate dissociation and thumb carpometacarpal abnormalities which occasionally occur with CTS.

B. 2. - C.5....

6. Repealed.

D. - D.1.d.iv.(a). ...

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§2211. Therapeutic Procedures—Non-Operative

A. - E. ...

F. In cases where a patient has a specific medical indication that prevents attending an outpatient center, home therapy may be necessary. Home therapy may include active and passive therapeutic procedures as well as other modalities to assist in alleviating pain, swelling, and abnormal muscle tone. Home therapy is usually of short duration and continues until the patient is able to tolerate coming to an outpatient center.

G. ...

H. The following procedures are listed in alphabetical order.

1. Injections—Therapeutic

a. Steroids Injections. Beneficial effects of injections are well-established, but generally considered to be temporary. Recurrence of symptoms is frequent. It is not clear whether or not injections slow progression of electrodiagnostic changes. Therefore, although symptoms may be temporarily improved, nerve damage may be progressing. When motor changes are present, surgery is preferred over injections. Injections may be given for confirmation of Carpal Tunnel Syndrome Diagnosis.

i. Time to produce effect: two to five days.

ii. Frequency: every six to eight weeks.

iii. Optimum number: two injections with documented positive gain and functional improvement after first injection.

b. If following the first injection, symptomatic relief is followed by recurrent symptoms, the decision to perform a second injection must be weighed against alternative

treatments such as surgery. Surgery may give more definitive relief of symptoms.

2. Job Site Modification. Early evaluation and training of body mechanics and other ergonomic factors are essential for every injured worker and should be done by a qualified individual. In some cases, this requires a job site evaluation. Some evidence supports alteration of the job site in the early treatment of carpal tunnel syndrome (CTS). There is no single factor or combination of factors that is proven to prevent or ameliorate CTS, but a combination of ergonomic and psychosocial factors is generally considered to be important. Physical factors that may be considered include use of force, repetition, awkward positions, upper extremity vibration, cold environment, and contact pressure on the carpal tunnel. Psychosocial factors to be considered include pacing, degree of control over job duties, perception of job stress, and supervisory support. The job analysis and modification should include input from the employee, employer, and ergonomist or other professional familiar with work place evaluation. The employee must be observed performing all job functions in order for the job site analysis to be valid. Periodic follow-up is recommended to evaluate effectiveness of the intervention and need for additional ergonomic changes.

a. Ergonomic changes should be made to modify the potential hazards identified at the job site. In addition workers should be counseled to vary tasks throughout the day whenever possible. Occupational Safety and Health Administration (OSHA) suggests that workers who perform high repetition tasks, or jobs that require long periods of static posture, including keyboarding. Mini breaks should include standing, stretching and moving around.

b. Interventions should consider engineering controls, e.g., mechanizing the task, changing the tool used, or adjusting the work site, or administrative controls, e.g., adjusting the time an individual performs the task.

c. Seating Description/Work Station Components. Reference to current OSHA guidelines for seating and work station recommendations should always be considered. The following description may aid in evaluating seated work positions: The head should incline only slightly forward, and if a monitor is used, there should be 20-40 inches of viewing distance with no glare. Arms should rest naturally, with forearms parallel to the floor, elbows at the sides, and wrists straight or minimally extended. The back must be properly supported by a chair, which allows change in position and backrest adjustment. There must be good knee and legroom, with the feet resting comfortably on the floor or footrest. Tools should be within easy reach, and twisting or bending should be avoided.

d. Job Hazard Checklist. The following Table 3 is adopted from Washington state's job hazard checklist, and may be used as a generally accepted guide for identifying job duties which may pose ergonomic hazards. The fact that an ergonomic hazard exists at a specific job, or is suggested in the table, does not establish a causal relationship between the job and the individual with a musculoskeletal injury. However, when an individual has a work-related injury and ergonomic hazards exist that affect the injury, appropriate job modifications should be made. Proper correction of hazards may prevent future injuries to others, as well as aid in the recovery of the injured worker.

Table 3: Identifying Job Duties Which May Pose Ergonomic Hazards	
Type of Job Duty	Hours per Day
Pinching an unsupported object(s) weighing 2 lbs or more per hand, or pinching with a force of 4 lbs or more per hand (comparable to pinching a half a ream of paper): Highly repetitive motion Palmar flexion greater than 30 degrees, dorsiflexion greater than 45 degrees, or radial deviation greater than 30 degrees ----- No other risk factors	More than 3 hours total/day ----- More than 4 hours total/day
Gripping an unsupported object(s) weighing 10 lbs or more/hand, or gripping with a force of 10 lbs or more/hand (comparable to clamping light duty automotive jumper cables onto a battery): *Handles should be rounded and soft, with at least 1-2.5" in diameter grips at least 5" long. Highly repetitive motion Palmar flexion greater than 30 degrees, dorsiflexion greater than 45 degrees, or radial deviation greater than 30 degrees ----- No other risk factors	More than 3 hours total/day ----- More than 4 hours total/day
Repetitive Motion (using the same motion with little or no variation every few seconds), excluding keying activities: High, forceful exertions with the hands, with palmar flexion greater than 30 degrees, dorsiflexion greater than 45 degrees, or radial deviation greater than 30 degrees ----- No other risk factors	More than 2 hours total/day ----- More than 6 hours total/day
Intensive Keying: Palmar flexion greater than 30 degrees, dorsiflexion greater than 45 degrees, or radial deviation greater than 30 degrees ----- No other risk factors	More than 4 hours total/day ----- More than 7 hours total/day
Repeated Impact: Using the hand (heel/base of palm) as a hammer more than once/minute	More than 2 hours total/day
Vibration: Two determinants of the tolerability of segmental vibration of the hand are the frequency and the acceleration of the motion of the vibrating tool, with lower frequencies being more poorly tolerated at a given level of imposed acceleration, expressed below in multiples of the acceleration due to gravity (10m/sec/sec). Frequency range 8-15 Hz and acceleration 6 g Frequency range 80 Hz and acceleration 40 g Frequency range 250 Hz and acceleration 250 g ----- Frequency range 8-15 Hz and acceleration 1.5 g Frequency range 80 Hz and acceleration 6 g Frequency range 250 Hz and acceleration 20 g	More than 30 minutes at a time ----- More than 4 hours at a time

3. Medications including nonsteroidal anti-inflammatory medications (NSAIDS), oral steroids, diuretics, and pyridoxine (Vitamin B6) have not been shown to have significant long-term beneficial effect in treating carpal tunnel syndrome. Although NSAIDS are not curative, they and other analgesics may provide symptomatic relief. All narcotics and habituating medications should be prescribed with strict time, quantity, and duration guidelines with a definite cessation parameter. Prescribing these drugs on an as needed basis (PRN) should almost always be avoided.

a. Medication use in the treatment of carpal tunnel syndrome is appropriate for controlling acute and chronic pain and inflammation. Use of medications will vary widely

due to the spectrum of injuries from initial symptoms to post-surgical healing. All drugs should be used according to patient needs. A thorough medication history, including use of alternative and over the counter medications, should be performed at the time of the initial visit and updated periodically.

b. Vitamin B6. Randomized trials have demonstrated conflicting results. Higher doses may result in development of a toxic peripheral neuropathy. In the absence of definitive literature showing a beneficial effect, use of Vitamin B6 cannot be recommended.

c. Oral steroids have been shown to have short-term symptomatic benefit but no long-term functional benefit and are not recommended due to possible side effects.

4. Occupational Rehabilitation Programs

a. Non-Interdisciplinary. These programs are work-related, outcome-focused, individualized treatment programs. Objectives of the program include, but are not limited to, improvement of cardiopulmonary and neuromusculoskeletal functions (strength, endurance, movement, flexibility, stability, and motor control functions), patient education, and symptom relief. The goal is for patients to gain full or optimal function and return to work. The service may include the time-limited use of passive modalities with progression to achieve treatment and/or simulated/real work.

i. Work Conditioning. These programs are usually initiated once reconditioning has been completed but may be offered at any time throughout the recovery phase. It should be initiated when imminent return of a patient to modified or full duty is not an option, but the prognosis for returning the patient to work at completion of the program is at least fair to good. Work conditioning programs may include some components of work simulation.

(a). Length of visit: one to two hours per day.

(b). Frequency: two to five visits per week.

(c). Optimum duration: two to four weeks.

(d). Maximum duration: six weeks. Participation in a program beyond six weeks must be documented with respect to need and the ability to facilitate positive symptomatic or functional gains.

ii. Work simulation is a program where an individual completes specific work-related tasks for a particular job and return to work. Use of this program is appropriate when modified duty can only be partially accommodated in the work place, when modified duty in the work place is unavailable, or when the patient requires more structured supervision. The need for work place simulation should be based upon the results of a functional capacity evaluation and or job site analysis.

(a). Length of visit: two to six hours per day.

(b). Frequency: two to five visits per week.

(c). Optimum duration: two to four weeks.

(d). Maximum duration: six weeks. Participation in a program beyond six weeks must be documented with respect to need and the ability to facilitate positive symptomatic or functional gains.

b. Interdisciplinary programs are characterized by a variety of disciplines that participate in the assessment, planning, and/or implementation of an injured workers program with the goal for patients to gain full or optimal function and return to work. There should be close

interaction and integration among the disciplines to ensure that all members of the team interact to achieve team goals. These programs are for patients with greater levels of perceived disability, dysfunction, de-conditioning and psychological involvement. For patients with chronic pain, refer to the *Chronic Pain Disorder Medical Treatment Guideline*.

i. Work hardening is an interdisciplinary program addressing a patient's employability and return to work. It includes a progressive increase in the number of hours per day that a patient completes work simulation tasks until the patient can tolerate a full workday. This is accomplished by addressing the medical, psychological, behavioral, physical, functional, and vocational components of employability and return-to-work.

ii. This can include a highly structured program involving a team approach or can involve any of the components thereof. The interdisciplinary team should, at a minimum, be comprised of a qualified medical director who is board certified with documented training in occupational rehabilitation, team physicians having experience in occupational rehabilitation, occupational therapy, physical therapy, case manager, and psychologist. As appropriate, the team may also include: chiropractor, RN, or vocational specialist.

(a). Length of visit: Up to eight hours/day.

(b). Frequency: two to five visits per week.

(c). Optimum duration: two to four weeks.

(d). Maximum duration: six weeks. Participation in a program beyond six weeks must be documented with respect to need and the ability to facilitate positive symptomatic or functional gains.

5. Orthotics/immobilization with splinting is a generally accepted, well-established and widely used therapeutic procedure. There is some evidence that splinting leads to more improvement in symptoms and hand function than watchful waiting alone. Because of limited patient compliance with day and night splinting in published studies, evidence of effectiveness is limited to nocturnal splinting alone. Splints should be loose and soft enough to maintain comfort while supporting the wrist in a relatively neutral position. This can be accomplished using a soft or rigid splint with a metal or plastic support. Splint comfort is critical and may affect compliance. Although off-the-shelf splints are usually sufficient, custom thermoplastic splints may provide better fit for certain patients.

a. Splints may be effective when worn at night or during portions of the day, depending on activities. Most studies show that full time night splinting for a total of four to six weeks is the most effective protocol. Depending on job activities, intermittent daytime splinting can also be helpful. Splint use is rarely mandatory. Providers should be aware that over-usage is counterproductive, and should counsel patients to minimize daytime splint use in order to avoid detrimental effects such as stiffness and dependency over time.

b. Splinting is generally effective for milder cases of CTS. Long-term benefit has not been established. An effect should be seen in two - four weeks.

i. Time to produce effect: one-four weeks. If, after four weeks, the patient has partial improvement,

continue to follow since neuropathy may worsen, even in the face of diminished symptoms.

ii. Frequency: nightly. Daytime intermittent, depending on symptoms and activities.

iii. Optimum duration: four to eight weeks.

iv. Maximum duration: two to four months. If symptoms persist, consideration should be given to either repeating electrodiagnostic studies or to more aggressive treatment.

6. Patient Education

a. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of prolonging the beneficial effects of treatment, as well as facilitating self-management of symptoms and injury prevention. The patient should be encouraged to take an active role in the establishment of functional outcome goals. They should be educated on their specific injury, assessment findings, and plan of treatment. Instruction on proper body mechanics and posture, positions to avoid, self-care for exacerbation of symptoms, and home exercise should also be addressed.

i. Time to produce effect: Varies with individual patient.

ii. Frequency: Should occur at every visit.

7. Personality/psychological/psychiatric/psychosocial intervention is generally accepted, widely used and well established. This group of therapeutic and diagnostic modalities includes, but is not limited to, individual counseling, group therapy, stress management, psychosocial crises intervention, hypnosis and meditation. Any screening or diagnostic workup should clarify and distinguish between preexisting versus aggravated versus purely causative psychological conditions. Psychosocial intervention is recommended as an important component in the total management program that should be implemented as soon as the problem is identified. This can be used alone or in conjunction with other treatment modalities. Providers treating patients with chronic pain should refer to the *Chronic Pain Disorder Medical Treatment Guidelines*.

a. Time to produce effect: two to four weeks.

b. Frequency: one to three times weekly for the first 4 weeks (excluding hospitalization, if required), decreasing to one to two times per week for the second month. Thereafter, two to four times monthly.

c. Optimum duration: six weeks to three months.

d. Maximum duration: 3 to 12 months. Counseling is not intended to delay but to enhance functional recovery. For select patients, longer supervised treatment may be required and if further counseling beyond 3 months is indicated, documentation addressing which pertinent issues are pre-existing versus aggravated versus causative, as well as projecting a realistic functional prognosis, should be provided by the authorized treating provider every 4 to 6 weeks during treatment.

8. Restriction of Activities. Continuation of normal daily activities is the recommendation for acute and chronic pain without neurologic symptoms. There is good evidence against the use of bed rest in cases without neurologic symptoms. Bed rest may lead to de-conditioning and impair rehabilitation. Complete work cessation should be avoided, if possible, since it often further aggravates the pain presentation. Modified return-to-work is almost always more

efficacious and rarely contraindicated in the vast majority of injured workers with carpal tunnel syndrome. Modified return-to-work with restriction of the activities aggravating the symptomology or that require prolonged gripping and pinching should be considered.

9. **Return to Work.** Early return-to-work should be a prime goal in treating carpal tunnel syndrome given the poor prognosis for the injured employee who is out of work for more than six months. The employee and employer should be educated in the benefits of early return-to-work. When attempting to return an employee with CTS to the workplace, clear, objective physical restrictions that apply to both work and non-work related activities should be specified by the provider. Good communication between the provider, employee, and employer is essential. Return-to-work is any work or duty that the employee can safely perform, which may not be the worker's regular job activities. Due to the large variety of jobs and the spectrum of severity of CTS, it is not possible for the OWCA to make specific return-to-work guidelines, but the following general approach is recommended:

a. **Establishment of Return-To-Work.** Ascertainment of return-to-work status is part of the medical treatment and rehabilitation plan, and should be addressed at every visit. Limitations in ADLs should also be reviewed at every encounter, and help to provide the basis for work restrictions provided they are consistent with objective findings. The OWCA recognizes that employers vary in their ability to accommodate restricted duty, but encourages employers to be active participants and advocates for early return-to-work. In most cases, the patient can be returned to work in some capacity, either at a modified job or alternate position, immediately unless there are extenuating circumstances, which should be thoroughly documented and communicated to the employer. Return-to-work status should be periodically reevaluated, at intervals generally not to exceed three weeks, and should show steady progression towards full activities and full duty.

b. **Establishment of Activity Level Restrictions.** It is the responsibility of the physician/provider to provide both the employee and employer clear, concise, and specific restrictions that apply to both work and non-work related activities. The employer is responsible to determine whether modified duty can be provided within the medically determined restrictions. Refer to the "Job Site Alteration" section for specific activity and ergonomic factors to be considered when establishing work restrictions for an employee with CTS.

c. **Compliance with Activity Level Restrictions.** The employee's compliance with the activity level restrictions is an important part of the treatment plan and should be reviewed at each visit. In some cases, a job site analysis, a functional capacity evaluation, or other special testing may be required to facilitate return-to-work and document compliance. Refer to the job site alteration and work tolerance screening sections.

10. Therapy—Active

a. Active therapies are based on the philosophy that therapeutic exercises and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Active therapy requires an internal effort by the individual to complete a specific

exercise or task, and thus assists in developing skills promoting independence to allow self-care to continue after discharge. This form of therapy requires supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions(s). At times a provider may help stabilize the patient or guide the movement pattern, but the energy required to complete the task is predominately executed by the patient.

b. Patients should be instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistance devices.

c. Interventions are selected based on the complexity of the presenting dysfunction with ongoing examination, evaluation and modification of the plan of care as improvement or lack thereof occurs. Change and/or discontinuation of an intervention should occur if there is attainment of expected goals/outcome, lack of progress, lack of tolerance and/or lack of motivation. Passive interventions/modalities may only be used as adjuncts to the active program.

i. Nerve gliding exercises consist of a series of flexion and extension movements of the hand and wrist that produce tension and longitudinal movement along the length of the median and other nerves of the upper extremity. These exercises are based on the principle that the tissues of the peripheral nervous system are designed for movement, and that tension and glide (excursion) of nerves may have an effect on neurophysiology through alterations in vascular and axoplasmic flow. Biomechanical principles have been more thoroughly studied than clinical outcomes. Randomized trials have been lacking or have suffered from design flaws that preclude sound conclusions of the effectiveness of these exercises, but these flaws have tended to underestimate rather than overestimate the usefulness of nerve gliding. The exercises are simple to perform and can be done by the patient after brief instruction. It is considered accepted therapy for CTS.

(a). Time to Produce Effect: two-four weeks.

(b). Frequency: Up to five times per day by patient (patient-initiated).

(c). Optimum Duration: two sessions.

(d). Maximum Duration: three sessions.

ii. **Instruction in Therapeutic Exercise.** Instruction should focus on alleviating associated myofascial symptoms. Please refer to the Cumulative Trauma Disorder (CTD) guideline for information on therapeutic exercise techniques.

iii. **Proper Work Techniques.** Please refer to the job site evaluation and job site alteration sections of this guideline.

11. **Therapy—Passive.** Therapy includes those treatment modalities that do not require energy expenditure on the part of the patient. They are principally effective during the early phases of treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They should be used in adjunct with active therapies. They may be used intermittently as a therapist deems appropriate or regularly if there are specific goals with objectively measured functional improvements during treatment. Diathermies have not been shown to be beneficial

to patients with CTS and may interfere with nerve conduction.

a. Manual Therapy Techniques are passive interventions in which the providers use his or her hands to administer skilled movements designed to modulate pain; increase joint range of motion; reduce/eliminate soft tissue swelling, inflammation, or restriction; induce relaxation; and improve contractile and non-contractile tissue extensibility. These techniques are applied only after a thorough examination is performed to identify those for whom manual therapy would be contraindicated or for whom manual therapy must be applied with caution. Soft tissue mobilization/manipulation techniques are generally accepted and widely used adjunctive treatment modalities in the treatment of myofascial symptoms related to carpal tunnel syndrome. Mobilization and manipulation can include myofascial release therapy, muscle energy techniques, neural gliding, high velocity, low amplitude (HVLA) technique, osteopathic manipulation, joint mobilization and non-force techniques.

- i. Time to produce effect: two-six treatments.
- ii. Frequency: one-three times/week, decreasing over time.
- iii. Optimum duration: four-six weeks.
- iv. Maximum duration: eight-ten weeks.

b. Ultrasound: There is some evidence that ultrasound may be effective in symptom relief and in improving nerve conduction in mild to moderate cases of CTS. No studies have demonstrated long-term functional benefit. It may be used in conjunction with an active therapy program for non-surgical patients who do not improve with splinting and activity modification. It is not known if there are any long-term deleterious neurological effects from ultrasound.

c. Microcurrent TENS. There is insufficient evidence to support the application of microamperage TENS.

i. Other Passive Therapy. For associated myofascial symptoms, please refer to the *Cumulative Trauma Disorder Guideline*.

12. Vocational rehabilitation is a generally accepted intervention. Initiation of vocational rehabilitation requires adequate evaluation of patients for quantification highest functional level, motivation, and achievement of maximum medical improvement. Vocational rehabilitation may be as simple as returning to the original job or as complicated as being retrained for a new occupation. It may also be beneficial for full vocational rehabilitation to be started before MMI if it is evident that the injured worker will be unable to return to his/her previous occupation. A positive goal and direction may aid the patient in decreasing stress and depression and promote optimum rehabilitation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers Compensation Administration, LR 37:1743 (June 2011), amended by the Workforce Commission, Office of Workers Compensation LR 37:1738 (June 2011), LR 41:

§2213. Therapeutic Procedures-Operative

A. Surgical decompression is well-established, generally accepted, and widely used and includes open and endoscopic techniques. There is good evidence that surgery is more effective than splinting in producing long-term symptom

relief and normalization of median nerve conduction velocity. Referral to a surgeon for evaluation should be made if no positive response to treatment is noted after six weeks.

1. Surgical Technique

a. Endoscopic techniques have had a higher incidence of serious complications (up to 5 percent) compared to open techniques (less than 1 percent). The most commonly seen serious complications are incomplete transection of the transverse carpal ligament and inadvertent nerve or vessel injuries. The incidence of complications may be lower for surgeons who have extensive experience and familiarity with certain endoscopic techniques.

b. Minimal incision release was favored over open release in symptom severity, functional status, and scar tenderness and was favored over to endoscopic release in pain measures at two and four weeks according to Level 1 studies.

c. Choice of technique should be left to the discretion of the surgeon.

A.2. - D. 2. ...

E. Post-Operative Treatment

1. Considerations for post-operative therapy are:

a. immobilization. There is strong evidence showing that immediate immobilization of the wrist following surgery is not necessary and may delay the return to normal activities. Final decisions regarding the need for splinting post-operatively should be left to the discretion of the treating physician based upon his/her understanding of the surgical technique used and the specific conditions of the patient;

b. home program. It is generally accepted that all patients should receive a home therapy protocol involving stretching, ROM, scar care, and light resistive exercises. Patients should be encouraged to use the hand as much as possible for daily activities, allowing pain to guide their activities;

c. supervised therapy program may be helpful in patients who do not show functional improvements post-operatively, have excessive swelling, scar hypersensitivity or pillar pain, significantly limited motion, or in patients with heavy or repetitive job activities. The therapy program may include evaluation and treatment of the generally accepted elements of soft tissue healing and return to function:

i. soft tissue healing/remodeling may be used after the incision has healed. It may include soft tissue mobilization / manual technique, scar compression pad, heat/cold application, splinting and/or edema control. Following wound healing, ultrasound and iontophoresis with Sodium Chloride (NaCl) may be considered for soft tissue remodeling. Diathermy is a non-acceptable adjunct;

- (a). time to produce effect: two-four weeks;
- (b). frequency: one-three times/week;
- (c). optimum duration: four-six weeks;
- (d). maximum duration: eight weeks;

ii. return to function:

- (a). time to produce effect: two-four weeks;
- (b). frequency: one -three times/week;
- (c). optimum duration: four-six weeks;
- (d). maximum duration: eight weeks;

d. work conditioning/simulation/hardening. These programs may be necessary in the post-operative management of patients who have been out of work for an

unusually extended period or may be returning to a different position. Refer to the evaluations in §2209.D.2 and Rehabilitative care outlined in §221.I.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers Compensation Administration, LR 37:1748 (June 2011), amended by the Workforce Commission, Office of Workers Compensation LR 37:1738 (June 2011), LR 41:

Chapter 23. Upper and Lower Extremities Medical Treatment Guidelines

Subchapter A. Lower Extremities

§2303. General Guidelines Principles

A. - A.2. ...

3. Informed Decision Making. Providers should implement informed decision making as a crucial element of a successful treatment plan. Patients, with the assistance of their health care practitioner, should identify their personal and professional functional goals of treatment at the first visit. Progress towards the individual's identified functional goals should be addressed by all members of the health care team at subsequent visits and throughout the established treatment plan. Nurse case managers, physical therapists, occupational therapists, and other members of the health care team play an integral role in informed decision making and achievement of functional goals. Patient education and informed decision making should facilitate self-management of symptoms and prevention of further injury.

4. Treatment Parameter Duration. Time frames for specific interventions commence once treatments have been initiated, not on the date of injury. Obviously, duration will be impacted by patient compliance, as well as availability of services. Clinical judgment may substantiate the need to accelerate or decelerate the time frames discussed in this document. Such deviation shall be in accordance with R.S. 23:1203.1

5. Active Interventions. Emphasizing patient responsibility, such as therapeutic exercise and/or functional treatment, are generally emphasized over passive modalities, especially as treatment progresses. Generally, passive interventions are viewed as a means to facilitate progress in an active rehabilitation program with concomitant attainment of objective functional gains.

6. Active Therapeutic Exercise Program. Exercise program goals should incorporate patient strength, endurance, flexibility, coordination, and education. This includes functional application in vocational or community settings.

7. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, ability to function at work, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

8. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing

positive results within three to four weeks, the treatment should be either modified or discontinued. Before discontinuing the treatment, the provider should have a detailed discussion with the patient to determine the reason for failure to produce positive results. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

9. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of cure with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

10. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the state of Louisiana as they pertain respectively to each individual licensee, including, but not limited to: Louisiana State Board of Medical Examiners regulations governing medications used in the treatment of non-cancer-related chronic or intractable pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for pain management clinics; other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana.

11. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

12. Return to Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply sedentary or light duty. The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The

practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

13. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

14. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient or Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as not recommended.

b. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers Compensation Administration, LR 37:1765 (June 2011), amended by the Workforce Commission, Office of Workers Compensation, LR 40:1160 (June 2014), LR 41:

Chapter 23. Upper and Lower Extremities Medical Treatment Guidelines

Subchapter B. Shoulder Injury Medical Treatment Guidelines

§2317. General Guidelines Principles

A. - A.2. ...

3. Informed Decision Making. Providers should implement informed decision making as a crucial element of a successful treatment plan. Patients, with the assistance of their health care practitioner, should identify their personal and professional functional goals of treatment at the first visit. Progress towards the individual's identified functional goals should be addressed by all members of the health care team at subsequent visits and throughout the established treatment plan. Nurse case managers, physical therapists, occupational therapists, and other members of the health care team play an integral role in informed decision making and achievement of functional goals. Patient education and informed decision making should facilitate self-management of symptoms and prevention of further injury.

4. Treatment Parameter Duration. Time frames for specific interventions commence once treatments have been initiated, not on the date of injury. Obviously, duration will be impacted by patient compliance, as well as availability of services. Clinical judgment may substantiate the need to accelerate or decelerate the time frames discussed in this document. Such deviation shall be in accordance with R.S. 23:1203.1

5. Active Interventions. Emphasizing patient responsibility, such as therapeutic exercise and/or functional treatment, are generally emphasized over passive modalities, especially as treatment progresses. Generally, passive interventions are viewed as a means to facilitate progress in an active rehabilitation program with concomitant attainment of objective functional gains.

6. Active Therapeutic Exercise Program. Exercise program goals should incorporate patient strength, endurance, flexibility, coordination, and education. This includes functional application in vocational or community settings.

7. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, ability to function at work, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

8. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Before

discontinuing the treatment, the provider should have a detailed discussion with the patient to determine the reason for failure to produce positive results. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

9. **Surgical Interventions.** Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of cure with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

10. **Pharmacy—Louisiana Law and Regulation.** All prescribing will be done in accordance with the laws of the state of Louisiana as they pertain respectively to each individual licensee, including, but not limited to: Louisiana State Board of Medical Examiners regulations governing medications used in the treatment of non-cancer-related chronic or intractable pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for pain management clinics; other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana.

11. **Six-Month—Time Frame.** The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

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duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

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b. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers Compensation Administration, LR 37:1821 (June 2011), amended by the Workforce Commission, Office of Workers Compensation, LR 40:1162 (June 2014), LR 41:

Family Impact Statement

This amendment to Title 40 should have no impact on families.

Poverty Impact Statement

This amendment to Title 40 should have no impact on poverty or family income.

Provider Impact Statement

1. This Rule should have no impact on the staffing level of the Office of Workers' Compensation as adequate staff already exists to handle the procedural changes.

2. This Rule should create no additional cost to providers or payers.

3. This Rule should have no impact on ability of the provider to provide the same level of service that it currently provides.

Public Comments

All interested persons are invited to submit written comments on the proposed Rule. Such comments should be sent to Patrick Robinson, OWC-Administration, 1001 North 23rd Street, Baton Rouge, LA 70802. Such comments should be received on June 15, 2015, by COB.

Public Hearing

A public hearing will be held on June 24, 2015, at 10:00 a.m. at the Louisiana Workforce Commission Training Center located at the Corner of Fuqua Street and North 22nd Street across from the main campus of the Workforce Commission, in Baton Rouge, LA. The public is invited to attend.

Curt Eysink
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Medical Treatment Guidelines

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rules amend Title 40, Labor and Employment, Part I, Workers' Compensation Administration, Subpart 2, Medical Guidelines, Chapters 20-23, to add "Informed Decision Making" to the general guideline principles for cervical spine injuries, low back pain, chronic pain disorder, complex regional pain syndrome, carpal tunnel

syndrome, lower extremities, and shoulder injuries, and to update treatment guidelines for carpal tunnel syndrome. In addition, the proposed rules implement the requirements of La. R.S. 23:1203.1, that the OWCA director, with the assistance of the medical advisory council, review and update the medical treatment schedule no less often than once every two years.

The proposed rules update medical guidelines in accordance with statute.

Besides the cost to publish in the *Louisiana Register*, the proposed rules will not require any expenditure by the Office of Workers' Compensation Administration (OWCA) nor will the proposed rules result in any savings to OWCA. Likewise, it is not anticipated that the proposed rules will result in any material costs or savings to other state or local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The implementation of this proposed rule will have no anticipated effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rules update the general guideline principals for medical treatment of injured workers, and updates specific guidelines concerning treatment of carpal tunnel syndrome. It is not anticipated that the proposed rules will produce a direct economic benefit. It is anticipated that the proposed rules will provide an indirect benefit to injured workers, employers, and insurers, by providing better medical treatment to injured workers, thus facilitating their recovery and return to work.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no anticipated direct effect on competition and employment. It is anticipated that the proposed rules will improve the medical treatment of injured workers and facilitate their return to the workforce.

Curt Eysink
Executive Director
1505#021

Gregory V. Albrecht
Chief Economist
Legislative Fiscal Office

Potpourri

POTPOURRI

Department of Health and Hospitals Bureau of Health Services Financing

Substantive Changes and Public Hearing Notification Hospital Licensing Standards Therapeutic Recreational Therapists (LAC 48:I.9501)

In accordance with the provisions of the Administrative Procedures Act, R.S. 49:950 et seq., the Department of Health and Hospitals, Bureau of Health Services Financing published a Notice of Intent in the February 20, 2015 edition of the *Louisiana Register* (LR 41:481) to amend LAC 48:I.9501. This Notice of Intent proposed to amend the provisions governing hospital licensing standards to revise the qualification requirements for therapeutic recreational therapists, to establish the qualifications of an individual who shall clinically supervise therapeutic recreational services, and to provide clarity regarding recreational therapy in the psychiatric hospital setting.

The department conducted a public hearing on this Notice of Intent on March 31, 2015 to solicit comments and testimony on the proposed Rule. Upon further discussion with stakeholders, the department subsequently determined that further revisions to these provisions were necessary which resulted in non-technical, substantive changes to the February 20, 2015 Notice of Intent.

Taken together, all of these proposed revisions will closely align the proposed Rule with the Department's original intent and the concerns brought forth in discussions with stakeholders after publication of the Notice of Intent. No fiscal or economic impact will result from the amendments proposed in this notice.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 95. Hospitals

Subchapter R. Psychiatric Services (Optional)

§9501. Staffing

A. - F. ...

G. Therapeutic activities shall be clinically supervised and provided by therapeutic recreational therapists adequate in number to respond to the therapeutic activity needs of the patient population being served.

1. ...

a. have a degree in therapeutic recreation therapy from an accredited post-secondary institution; or

1.b. - 3. ...

4. Licensed hospitals providing therapeutic recreational services pursuant to §9501 and whose staff do not meet the qualifications of §9501.G.2.a.-d. within the time frame provided for in §9501.G.3., shall submit to the Department documentation which:

a. clearly indicates why the qualifications have not been met; and

b. provides evidence of a barrier to access of such services in the hospital's service area.

5. No hospital shall submit the documentation allowed for in §9501.G.4. more than once and the submission shall cover a period of no more than 12 months from the date of receipt by the Department.

6. Recreational therapy shall be designed to:

a. restore, remediate and rehabilitate a person's level of functioning and independence in life activities;

b. promote health and wellness; and

c. reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.

NOTE: Examples of intervention modalities include, but are not limited to, creative arts (e.g., crafts, music, dance, drama, among others), sports, adventure programming, dance/movement, and leisure education.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2427 (November 2003), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Interested persons may submit written comments to Cecile Castello, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821 or by email to MedicaidPolicy@la.gov. Ms. Castello is responsible for responding to inquiries regarding these substantive amendments to the proposed Rule. A public hearing on these substantive changes to the proposed Rule is scheduled for Thursday, June 25, 2015 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Kathy H. Kliebert
Secretary

1505#055

POTPOURRI

Department of Natural Resources Office of Conservation

Orphaned Oilfield Sites

Office of Conservation records indicate that the Oilfield Sites listed in the table below have met the requirements as set forth by Section 91 of Act 404, R.S. 30:80 et seq., and as such are being declared Orphaned Oilfield Sites.

Operator	Field	District	Well Name	Well Number	Serial Number
Solstice Oil & Gas Management, LLC	Avondale, West	L	12200 RA SUA:M L Mann et al.	001	244013

Operator	Field	District	Well Name	Well Number	Serial Number
Vaughn-Cox-Houston-Pennzoil	Bird Island Bayou	L	SL 4090	001	116773
Fortuna O.&G. Co.	Wildcat-NO LA Shreveport Dist	S	Herndon	003	599
Four Star Oil Company	Caddo Pine Island	S	C W Lane	001	23733
Four Star Oil Company	Caddo Pine Island	S	Huckabay	001	37316
Four Star Oil Company	Caddo Pine Island	S	E H White	003	44460
Four Star Oil Company	Caddo Pine Island	S	Head	002	44521
Four Star Oil Company	Caddo Pine Island	S	Head	003	44522
Four Star Oil Company	Caddo Pine Island	S	Head	001	44579
Four Star Oil Company	Caddo Pine Island	S	E H White	004	44828
Four Star Oil Company	Caddo Pine Island	S	Head	004	44950
Four Star Oil Company	Caddo Pine Island	S	Head	005	45238
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	001	45330
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	002	45331
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	003	45683
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	004	45684
Four Star Oil Company	Caddo Pine Island	S	Head	006	45685
Four Star Oil Company	Caddo Pine Island	S	Kendrick	001	45949
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	005	46154
Four Star Oil Company	Caddo Pine Island	S	Baird	001	51288
Four Star Oil Company	Caddo Pine Island	S	Tillie Bradford	001	51660
Four Star Oil Company	Caddo Pine Island	S	Baird	002	52199
Four Star Oil Company	Caddo Pine Island	S	Bienvenu et al.	001	52439
Four Star Oil Company	Caddo Pine Island	S	Bienvenu et al.	002	52841
Four Star Oil Company	Caddo Pine Island	S	Baird	003	53483
Four Star Oil Company	Caddo Pine Island	S	Busada	001	53805
Four Star Oil Company	Caddo Pine Island	S	Busada	002	53806
Four Star Oil Company	Caddo Pine Island	S	Baird	004	53877
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	006	58723
Four Star Oil Company	Caddo Pine Island	S	Arkansas Louisiana Gas	001	60045
Four Star Oil Company	Caddo Pine Island	S	Arkansas Louisiana Gas	002	64180
Four Star Oil Company	Caddo Pine Island	S	Huckabay	002	75188
Four Star Oil Company	Caddo Pine Island	S	Tillie Bradford	002	91941
Four Star Oil Company	Caddo Pine Island	S	Tillie Bradford	003	92071
Four Star Oil Company	Caddo Pine Island	S	W E Noel	A-1	100365
Four Star Oil Company	Caddo Pine Island	S	W E Noel	A-2	101598

Operator	Field	District	Well Name	Well Number	Serial Number
Four Star Oil Company	Caddo Pine Island	S	W E Noel	A-3	102867
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	007	110175
Four Star Oil Company	Caddo Pine Island	S	Head	007	110176
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	009	112516
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	008	112517
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	010	133877
Four Star Oil Company	Caddo Pine Island	S	Gamm F A	011	154988
Four Star Oil Company	Spider	S	Hunter	002	167432
Four Star Oil Company	Spider	S	Hunter	001	167433
Four Star Oil Company	Spider	S	Hunter	003	169566
Four Star Oil Company	Haynesville	S	Tokio Ra Su98;G A Hilburn B	TK-1	171139
Four Star Oil Company	Spider	S	Hunter	004	171507
Four Star Oil Company	Spider	S	Hunter	005	172502
Four Star Oil Company	Haynesville	S	TOK S1 RASU 99;A P Milner	TU-1	175233
Four Star Oil Company	Caddo Pine Island	S	Marvin Graves	001	175646
Four Star Oil Company	Caddo Pine Island	S	Marvin Graves	002	175936
Four Star Oil Company	Sarepta	S	Horace Morgan	001	178007
Four Star Oil Company	Haynesville	S	TOK S1 RA Su98;G A Hilburn B	TU-1	179145
Four Star Oil Company	Sarepta	S	Horace Morgan	002	180290
Four Star Oil Company	Sarepta	S	Willie Slack	001	180315
Four Star Oil Company	Sarepta	S	Horace Morgan	003	181924
Four Star Oil Company	Sarepta	S	Slack SWD	001	182564
Four Star Oil Company	Sarepta	S	Willie Slack	002	183768
Four Star Oil Company	Sarepta	S	Paul Slack	001	184783
Four Star Oil Company	Caddo Pine Island	S	Marvin Graves	003	187376
Four Star Oil Company	Caddo Pine Island	S	Gautney	001	189371
Four Star Oil Company	Caddo Pine Island	S	Flarity	001	189372
Four Star Oil Company	Sarepta	S	Perkins	001	192865
Four Star Oil Company	Sarepta	S	Carraway	002	192963
Four Star Oil Company	Sarepta	S	Kenneth Benson	001	193008
Four Star Oil Company	Sarepta	S	Perkins SWD	003	193359
Four Star Oil Company	Caddo Pine Island	S	Marvin Graves	004	198740
Four Star Oil Company	Caddo Pine Island	S	Caddo Levee Board 21	008	202164
Four Star Oil Company	Caddo Pine Island	S	Pardue-Christian	001	203285

Operator	Field	District	Well Name	Well Number	Serial Number
Four Star Oil Company	Caddo Pine Island	S	Pardue-Christian	002	203531
Four Star Oil Company	Caddo Pine Island	S	Pardue-Christian	003	203553
Four Star Oil Company	Caddo Pine Island	S	Pardue-Christian	004	203741
Four Star Oil Company	Caddo Pine Island	S	Pardue-Christian	005	203775
Four Star Oil Company	Caddo Pine Island	S	Pardue-Christian	006	203881
Four Star Oil Company	Caddo Pine Island	S	Pardue-Christian	007	203940
Four Star Oil Company	Caddo Pine Island	S	Pardue-Christian	008	204853
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Four Star Oil Company	Spider	S	Henderson	001	238917
Four Star Oil Company	Caddo Pine Island	S	C W Lane SWD	001	970253

James H. Welsh
Commissioner

1505#009

POTPOURRI

Department of Public Safety and Corrections Office of the State Fire Marshal

Public Hearing—Proposed Rule Change (LAC 55:V:307)

The Department of Public Safety, Office of State Fire Marshal published a Notice of Intent to amend its rules in the April 20, 2015, edition of the *Louisiana Register*. The Office of State Fire Marshal received requests for public hearings from the Louisiana Architects Association, the Louisiana State Board of Architectural Examiners, and the American Council of Engineering Companies of Louisiana.

A public hearing will be held by the department on May 26, 2015, at 10:00 a.m. at the offices of the Office of State Fire Marshal, 8181 Independence Blvd., Baton Rouge, LA 70806.

Jill P. Boudreaux
Undersecretary

1505#063

POTPOURRI

Department of Public Safety and Corrections Oil Spill Coordinator's Office

Deepwater Horizon Oil Spill; Draft Phase IV Early Restoration Plan and Environmental Assessments

Action: Notice of availability; request for comments.

Summary: In accordance with the Oil Pollution Act of 1990 (OPA), the Louisiana Oil Spill Prevention and Response Act (OSPRA), the National Environmental Policy Act (NEPA), and the Framework Agreement for Early Restoration Addressing Injuries Resulting from the Deepwater Horizon Oil Spill (Framework Agreement), the Federal and State natural resource trustee agencies (Trustees) are preparing the Draft Phase IV Early Restoration Plan and Environmental Assessments (Draft Phase IV ERP/EA) describing and proposing a suite of early restoration projects intended to continue the process of restoring natural resources and services injured or lost as a result of the Deepwater Horizon oil spill, which occurred on or about April 20, 2010, in the Gulf of Mexico. The Draft Phase IV ERP/EA proposes 10 early restoration projects that are consistent with the early restoration program alternatives selected in the Final Phase III Early Restoration Plan/Programmatic Environmental Impact Statement (Phase III ERP/PEIS). The Draft Phase IV ERP/EA also includes a notice of change and supporting analysis for one Phase III Early Restoration Project; "Enhancement of Franklin County Parks and Boat Ramps-Eastpoint Fishing Pier Improvements." The purpose of this notice is to inform the public of the availability of the Draft Phase IV ERP/EA, which has an anticipated release date of May 20, 2015, and to seek public comments on the 10 proposed early restoration projects and supporting analysis.

Dates

Comments Due Date: We will consider public comments received on or before June 19, 2015 (or thirty (30) days from the availability of the Phase IV ERP/EA).

Public Meetings: The Trustees have scheduled a series of public meetings to facilitate public review and comment on the Draft Phase IV ERP/EA. Both written and verbal comments will be taken at each public meeting. The Trustees will hold an open house for each meeting followed by a formal meeting. Each public meeting will include a presentation of the Draft Phase IV ERP/EA. The public meeting schedule is as follows:

Date	Time	Location	Facility
Tues 6/2/2015	6-9 PM	Pensacola, FL	Crowne Plaza Pensacola Grand Hotel Ballrooms A/B 200 East Gregory Street Pensacola, FL 32502
Wed 6/3/2015	6-9 PM	Mobile, AL	Renaissance Mobile Riverview Plaza Hotel Schooner 64 South Water Street Mobile, AL 36602
Thurs 6/4/2015	6-9 PM	Long Beach, MS	University of Southern Mississippi, Long Beach FEC Auditorium 730 East Beach Boulevard Long Beach, MS 39560
Mon 6/8/2015	6-9 PM	Belle Chasse, LA	Belle Chasse Auditorium 8398 Louisiana 23 Belle Chasse, LA 70037
Wed 6/10/2015	6-9 PM	Galveston, TX	Texas A&M University at Galveston Seawolf Parkway on Pelican Island Auditorium, Class Room Lab Building – Building #3007 on campus map Galveston, TX 77554
Thurs 6/11/2015	6-9 PM	Corpus Christi, TX	Harte Research Institute for Gulf of Mexico Studies Texas A&M University at Corpus Christi 6300 Ocean Drive Corpus Christi, TX 78412

Addresses

Obtaining Documents: You may download the Draft Phase IV ERP/EA once available, which is expected to be on or about May 20, 2015, at: <http://losco-dwh.com/>. Alternatively, you may request a CD of the Draft Phase IV ERP/EA (see FOR FURTHER INFORMATION CONTACT). You may also view the document at any of the public facilities listed at <http://losco-dwh.com/>.

Submitting Comments: You may submit comments on the Draft Phase IV ERP/EA by one of the following methods:

Via the Web: <http://losco-dwh.com/EarlyRestorationPlanning.aspx>.

For electronic submission of comments containing attachments, email: Karolien.Debusschere@la.gov

U.S. Mail: Louisiana Oil Spill Coordinator's Office, P.O. Box 66614, Baton Rouge, LA 70806 or U.S. Fish and Wildlife Service, P.O. Box 49567, Atlanta, GA 30345

For Further Information Contact: Karolien Debusschere at Karolien.Debusschere@la.gov

Supplementary Information

Introduction:

On or about April 20, 2010, the mobile offshore drilling unit, Deepwater Horizon, which was being used to drill a well for BP Exploration and Production, Inc. (BP), in the Macondo prospect (Mississippi Canyon 252 – MC252), experienced a significant explosion, fire and subsequent sinking in the Gulf of Mexico, resulting in an unprecedented volume of oil and other discharges from the rig and from the wellhead on the seabed. The Deepwater Horizon oil spill is the largest oil spill in U.S. history, discharging millions of barrels of oil over a period of eighty-seven days. In addition, well over one million gallons of dispersants were applied to the waters of the spill area in an attempt to disperse the spilled oil. An undetermined amount of natural gas was also released into the environment as a result of the spill.

The Trustees are conducting the natural resource damage assessment for the Deepwater Horizon oil spill under the Oil Pollution Act 1990 (OPA; 33 U.S.C. 2701 et seq.). Pursuant to OPA, Federal and State agencies act as trustees on behalf of the public to assess natural resource injuries and losses, and to determine the actions required to compensate the public for those injuries and losses. OPA further instructs the designated trustees to develop and implement a plan for the restoration, rehabilitation, replacement, or acquisition of the equivalent of the injured natural resources under their trusteeship, including the loss of use and services from those resources from the time of injury until the time of restoration to baseline (the resource quality and conditions that would exist if the spill had not occurred) is complete. The Trustees are:

- U.S. Department of the Interior (DOI), as represented by the National Park Service, U.S. Fish and Wildlife Service, and Bureau of Land Management;
- National Oceanic and Atmospheric Administration (NOAA), on behalf of the U.S. Department of Commerce;
- U.S. Department of Agriculture (USDA);
- U.S. Department of Defense (DOD);
- U.S. Environmental Protection Agency (USEPA);
- State of Louisiana Coastal Protection and Restoration Authority, Oil Spill Coordinator's Office, Department of Environmental Quality, Department of Wildlife and Fisheries, and Department of Natural Resources;
- State of Mississippi Department of Environmental Quality;
- State of Alabama Department of Conservation and Natural Resources and Geological Survey of Alabama;
- State of Florida Department of Environmental Protection and Fish and Wildlife Conservation Commission; and
- For the State of Texas: Texas Parks and Wildlife Department, Texas General Land Office, and Texas Commission on Environmental Quality.

Background:

On April 20, 2011, BP agreed to provide up to \$1 billion toward early restoration projects in the Gulf of Mexico to address injuries to natural resources caused by the Deepwater Horizon oil spill. The Framework Agreement represents a preliminary step toward the restoration of injured natural resources and is intended to expedite the start of restoration in the Gulf in advance of the completion of the injury assessment process. The Framework Agreement provides a mechanism through which the Trustees and BP can work together “to commence implementation of early restoration projects that will provide meaningful benefits to accelerate restoration in the Gulf as quickly as practicable” prior to the resolution of the Trustees’ natural resource damages claim. Early restoration is not intended to, and does not fully address all injuries caused by the Deepwater Horizon oil spill. Restoration beyond early restoration projects will be required to fully compensate the public for natural resource losses including recreational use losses from the Deepwater Horizon oil spill.

Pursuant to the process articulated in the Framework Agreement, the Trustees have previously selected, and BP has agreed to fund, a total of 54 early restoration projects, expected to cost a total of approximately \$700 million, through the Phase I Early Restoration Plan/Environmental Assessment (Phase I ERP/EA), Phase II Early Restoration Plan/Environmental Review (Phase II ERP/ER), and the Phase III ERP/PEIS. These plans are available at: <http://losco-dwh.com/EarlyRestorationPlanning.aspx>

The Trustees actively solicited public input on restoration project ideas through a variety of mechanisms including public meetings, electronic communication, and creation of a Trustee-wide public website and database to share information and receive public project submissions. Their key objective in pursuing early restoration is to secure tangible recovery of natural resources and natural resource services for the public’s benefit while the longer-term process of fully assessing injury and damages is underway.

The Trustees released the Phase I ERP/EA in April 2012 and the Phase II ERP/ER in February 2013 after public review of drafts of those documents. After public review, the Trustees released the Phase III ERP/PEIS on June 26, 2014. Subsequently, the Trustees approved the Phase III ERP/PEIS in a Record of Decision on October 31, 2014.

The Trustees are proposing 10 additional early restoration projects in Phase IV to address injuries from the Deepwater Horizon oil spill. The 10 projects proposed in this Draft Phase IV ERP/EA are consistent with the Programmatic ERP and PEIS included in the Final Phase III ERP/PEIS previously developed by the Trustees. The Trustees are proposing these projects at this time while continuing to work with BP to develop additional early restoration projects in accordance with the Framework Agreement. The Draft Phase IV ERP/EA is not intended to, and does not, fully address all injuries caused by the spill or provide the extent of restoration needed to make the public and environment whole.

Overview of the Draft Phase IV ERP/EA:

The Draft Phase IV ERP/EA is being released in accordance with the Oil Pollution Act, the Natural Resource Damage Assessment (NRDA) regulations found in the Code of Federal Regulations (CFR) at 15 CFR 990, the National Environmental Policy Act (42 U.S.C. 4321 et seq.), and the Framework Agreement.

The Trustees are considering 10 projects in the Draft Phase IV ERP/EA. The total estimated cost for proposed Phase IV projects is approximately \$134 million. Details on the proposed projects are provided in the Draft Phase IV ERP/EA. The Draft Phase IV ERP/EA also includes a notice of change and supporting analysis for one Phase III Early Restoration Project; “Enhancement of Franklin County Parks and Boat Ramps-Eastpoint Fishing Pier Improvements.”

The proposed restoration projects are intended to continue the process of using early restoration funding to restore natural resources, ecological services, and recreational use services injured or lost as a result of the Deepwater Horizon oil spill. The Trustees considered hundreds of projects leading to the identification of the 10 projects and considered both ecological and recreational use restoration projects to restore injuries caused by the Deepwater Horizon oil spill, addressing both the physical and biological environment, as well as the relationship people have with the environment.

Early restoration actions are not intended to provide the full extent of restoration needed to make the public and the environment whole. The Trustees anticipate that additional early restoration projects will be proposed in the future as the early restoration process continues.

Next Steps:

As described above, public meetings are scheduled to facilitate the public review and comment process. After the public comment period ends, the Trustees will consider and address the comments received before issuing the Final Phase IV Early Restoration Plan and Environmental Assessments (Final Phase IV ERP/EA). After issuing a Final Phase IV ERP/EA, the Trustees will file negotiated stipulations for approved projects with the court. Approved projects will then proceed to implementation, pending compliance with all applicable State and Federal laws.

Invitation to Comment:

The Trustees seek public review and comment on the 10 proposed early restoration projects and supporting analysis included in the Draft Phase IV ERP/EA. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment, including your personal identifying information, may be publicly available at any time.

Administrative Record

The documents comprising the Administrative Record can be viewed electronically at the following location: <http://losco-dwh.com/AdminRecord.aspx> or at <http://www.doi.gov/deepwaterhorizon/adminrecord/index.cfm>

Authority:

The authority of this action is the Oil Pollution Act of 1990 (33 U.S.C. 2701 et seq.), the implementing Natural Resource Damage Assessment regulations found at 15 CFR 990, the Louisiana Oil Spill Prevention and Response Act (R.S. 30:2451-2496 (2014)), the implementing Natural Resource Damage Assessment regulations found at LAC 43:XXIX.101 et seq., and the Framework Agreement.

¹ Although a trustee under OPA by virtue of the proximity of its facilities to the Deepwater Horizon oil spill, DOD is not a member of the Trustee Council and does not currently participate in Trustee decision-making.

Brian Wynne
Coordinator

1505#015

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